



## PARENT/PATIENT AUTHORIZATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ (Relation to patient): \_\_\_\_\_

Hereby authorize **DE LA VEGA PEDIATRICS, CORP.** staff to perform diagnostic procedures, therapy, tests, examinations, administration of necessary treatment, or other procedures, to myself or minor child, as indicated above, while under the care of **DR. ARNALDO DE LA VEGA, MD, JANE DE LA VEGA, APRN,** and staff. I, the undersigned, also:

- Realize that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as a result of treatments or examinations by DVP.
- Hereby authorize payment to **DE LA VEGA PEDIATRICS, CORP.,** for services rendered by **DR. ARNALDO DE LA VEGA, MD,** by **JANE DE LA VEGA, APRN,** and/or any other provider or staff, to the above patient mentioned in this form. I authorize payments to **DE LA VEGA PEDIATRICS, CORP.,** of benefits due to me in my pending claim and/or MAJOR MEDICAL BENEFITS otherwise payable to me, but not to exceed the physician's and/or Nurse Practitioner's regular charges for this period of treatment.
- **DE LA VEGA PEDIATRICS, CORP.,** is affiliated with various educational facilities. I understand I will be notified by these personnel that they are a student and have the right to refuse to have them involved in my and/or my minor child's care. I also understand that if they are involved in my or my child's care, an employed healthcare professional of De La Vega Pediatrics, Corp. is overseeing all services and care provided.
- Authorize the release of information about my wellness, lab result, treatment, and care, when requested by my insurance provider.
- Understand and assume the responsibility for any co-payments, deductibles, and any service not covered by the insurance provider.
- Agree to notify **DE LA VEGA PEDIATRICS, CORP.,** of any change of address/phone number/or insurance provider, before receiving any care or service.

Signature: \_\_\_\_\_

Parent or Patient signature

Date: \_\_\_\_\_

Date Signed