



15421 Clayton Road Suite 202, Ballwin, MO

☎ 636-534-1466

Gpendodiabetes@gmail.com

Request Release of Medical Records

I, hereby, authorize to render treatment, release/receive information and medical records to/from any/all providers/health care providers/physicians, insurance carriers, submit claims to my insurance company on my behalf, appeal claims denied by my insurance company on my behalf, release/receive information/records to/from attorney or employer concerning myself or my dependent's illness/injury/condition and treatment. I hereby assign to the provider all payment for medical services rendered to myself or my dependents.

I authorize the release of information, including the diagnosis, records, examination, treatment rendered to me, and claims information. This information may be released to: Great Plains Endocrinology & Diabetes Care LLC.

Patient Name: _____ Date of Birth _____

Client Signature

Date