

Pediatric Partners, LLC – Billing Office
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It is our goal at Pediatric Partners LLC, to protect patient's privacy under the HIPPA Act of 1996. You are receiving this letter because you are 18 years of age or older and by law you are able to decide who has access to your medical information. Attached you will find an Authorization To Discuss Medical Bills form. Please read this form carefully, fill out the appropriate areas and either mail or fax the form back to the above address/fax number. Thank you in advance!

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