Arapahoe Park Pediatrics

7780 S Broadway Ste 220
Littleton, CO 80122
Phone # 303 795 2345 Fax # 303 795 1003

Date: _____

Release of Patient Information – Billing

Patient(s) Name: _____

Date of Birth: _____

Phone Number: _____

Physician (PCP):_____

PLEASE CHECK ONE:

- ○ Full Account Printout $5.00 per child - Date(s):_____
- ○ Past Receipt for single payment $1.00 each - Date(s):_____
- ○ Receipt for Payment on account - made at visit – Date paid:_____(no charge)
- ○ Copy of billing details for 14day hold - Date of service:_____(no charge)

Parent/Legal Guardian: _____
(Signature)

You will receive your request via MyChart, please check with the receptionists to make sure that you have an active MyChart account.

*****Payment must be made prior to request being processed*****

Visa/MC/Amx/Discover Card #_____

Expiration Date_____ Security Code_____

******Account Printout/Receipt requests may require a longer wait time because of electronic billing/processing time******