

**Paradise Pediatrics, PL**  
3400 Bee Ridge Rd., Suite 120, Sarasota, FL 34239  
Phone: 941-924-9900 Fax: 941-924-9919

Lifetime Signature Authorization

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

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Signature

Date

I authorize payment of medical benefits to the undersigned physician or supplier for services described.

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Signature

Date

Physician:

**Suzanne Southerland, MD, FAAP**

**Joanne Boezem, MD, MPH, FAAP**