

Tampa Office
6101 Webb Road Suite 303
Tampa, FL 33615-2866
Phone (813) 885-5888
Fax # (813) 885-5889



AUTHORIZATION RELEASE FORM

I authorize, Active Orthopedics, LLC, and/or its physicians to:

1. Render and prescribe medical and surgical treatment for me or my dependants as deemed professionally necessary by him/them

Signature

Witness

2. Release information regarding my medical treatment to insurance companies, hospitals, ect. as deemed medically necessary.

Signature

Witness

3. Authorize all insurance benefits to be paid directly to Active Orthopedics, LLC, I also agree to be financially responsible for any remaining balance not paid by insurance and for costs incurred for collection.

Signature

Witness

Please feel free to ask any of our staff regarding questions about this consent