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## Consent to Appeal

I, \_\_\_\_\_, give my consent to Montgomery Sports

(PATIENT NAME)

Medicine Center to release my medical records and submit an appeal on my behalf to my insurance company, \_\_\_\_\_.

Yo, \_\_\_\_\_, doy mi consentimiento a Montgomery

(NOMBRE DE PACIENTE)

Sports Medicine Center para liberar mis registros médicos y presentar una apelación en mi nombre a mi compañía de seguro, \_\_\_\_\_.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_