

Parkway Brain and Spine

Medical Records Release

Patients are to complete in full and sign and date medical record release form below OR present a letter or request which must contain all of the information requested below as well as a signature.

MD Residents will be charged a fee of \$0.76 per page plus the cost of postage and handling "S&H". A search and retrieval fee of \$22.88 will be charged to send records to another provider in addition to the per page plus S&H fee. There is no fee for releasing records to primary care providers, referring physicians and physicians our providers have referred the patient to.

PA Residents will be charged per page as follows: Pages 1-20- \$1.46 per page; Pages 21-60 \$1.08 per page; Pages 61-end \$0.36 per page. A search and retrieval fee of \$21.69 will be charged to send records to another provider in addition to the per page fee. There is no fee for releasing records to primary care providers, referring physicians and physicians our providers have referred the patient to.

Other States- Records fee will be based on the stated fee where the patient was seen.

Medicare, Tricare ad Medicaid patients are never charged for records.

Disability Claim Patients will be charged at the current stated or federal rate(s).

All Mailed Records will be sent via standard USPS unless otherwise specified. USPS Shipping cost greater than \$1.00 will be billed to requested in party. Alternative shipping method(s) will be billed in full to requesting party. All records costs are due upon receipt.

I, _____ being patient (if age 18 or older)/parent/guardian of the below named, hereby request a copy of the medical records for:

Patient: _____ Date of Birth _____

Last four digits of Social Security Number XXX-XX- _____ Today's Date _____

Patient's current address: _____

Patient's current phone number _____

Reason to release: _____ Records Requested: _____

Release Records to:

Physician/Facility/ Self _____

Address: _____

Telephone Number _____ Fax _____

Signature of patient or Guardian _____

Please Circle One: Mail Records Fax Records Pick up Records

For Office use: Date Mailed/Picked Up _____ Initials of Processor _____