

Medical Records Request as allowed by State and Federal Law

PATIENT INFORMATION

Name _____ Date of Birth _____ SSN _____

Mailing Address _____

Email Address _____

Phone Numbers: Cell _____ Home _____ Work _____

REQUESTOR INFORMATION (if different from patient, proof of authorization from the patient must be attached such as a power of attorney)

Name _____

Mailing Address _____

Email Address _____

Phone: Cell _____ Home _____ Work _____

DOCUMENTS REQUESTED

Medical practice name: _____

Doctor or other provider name: _____

Dates of service: _____

Documents requested: _____

LOCATION(S) WHERE RECORDS SHOULD BE SENT: Name and Email, Fax #, Postal Address

CHARGES

Fulfilling records requests incurs a cost (e.g. scanning, filing, storage, search, reproduction, computer hardware costs, software license and subscription fees, staff time, and liability for breaches). These costs are not included in the charges for the actual healthcare services delivered. Thus, state and federal laws specify allowed charges for medical records. Requests for records will only be charged the amount allowed by law. Please refer to the website for the state where you received healthcare services to determine your actual costs. e.g. Maryland: \$30.48 plus mailing for 10pgs in Dec 2013 http://www.mbp.state.md.us/pages/faq_records.htm

PAYMENT: REQUESTS WITHOUT PREPAYMENT WILL NOT RECEIVE A RESPONSE:

- check enclosed
- payment sent by PayPal to info@StandardMedicalBilling.com with
PayPal Transaction ID# _____

Only pages covered by the check will be sent. See provider state website for charges.

By signing below, I hereby authorize the above release of medical records and agree to pay the above legally allowed amounts. I understand that email is not secure and agree to hold the health care practice along with their employees, agents, owners, contractors, and providers and any other persons or entities harmless for any loss of confidentiality from my request.

Printed Name of Requestor

Signature of Requestor

Date Signed

Mail to: StandardMedicalBilling, PO Box 1048, Great Falls, VA 22066

Fax to: 617-517-0136

Scan and Email to: info@StandardMEDicalBilling.c-o-m (without hyphens)