



REQUEST FOR COPIES OF MEDICAL RECORDS/COMPLETION OF FORMS

To prevent delay, please read carefully and complete all requested information.

Date: _____ Patient Date of Birth: _____

Patient Name: _____

Telephone number (in case of questions): _____

When completed, the records or forms should be: *(Please check one, we cannot e-mail information.)*

Mailed to: _____

Faxed to: _____

Held for pick-up by patient.

Date(s) of Service for information requested (if applicable): _____

Request for Medical Records/Completion of Forms:

- Copy of progress notes of patient visit(s)\$5.00 per visit, \$35 max
- CD of x-rays taken at Foot & Ankle Associates, Ltd.\$20.00 per CD
- Completion of FMLA paperwork\$25.00 per form
- Completion of disability paperwork.....\$25.00 per form
- Completion of parking placard paperwork\$25.00 per form
- Completion of other form: _____ ...\$25.00 per form

Total amount due:\$ _____

(The fee for service for these items is likely not covered by your insurance and will not be submitted to the insurance carrier for payment. You are responsible for the payment of these fees.)

Payment is due at time of request. Once the full payment is received, please allow two to three weeks for completion of your request. **If you need to request "Rush Processing" (available within 3 business days) an additional \$25 will be charged.** *(This option may not always be available, so please confirm this with the Office Manager first.)*

Patient signature: _____

Office Use Only:

- "Authorization for Disclosure of Health Information" completed in full.
- "Request for Copies of Medical Records/Completion of Forms" completed in full.
- Payment received: Cash Credit Card Check # _____ Amount Paid: \$ _____
- Date received: _____ Date Due: _____ Date Completed: _____