Paoli Family Practice
Medical Records Request & Payment Form

Services provided by **Med Request Solutions Inc.** 800-483-6040 ext. 2

Patient Information

atient Name:_____ Date of Birth:_____

atient Signature:_____ Relationship to patient:_____
r patients personal representative)

ddress:_____ Day Phone:_____

ity/State/Zip:_____(please confirm that all patient information is correct)

********I understand that there is a fee as outlined below:********
Charges are as follows: $0.32 per page plus postage.

you would like a copy of your medical records, please read carefully and fill out all sections below. Failure to fill it all sections will delay your request. Allow up to 30 business days for processing. **One Form per patient please.**

Information To Be Disclosed

ecify information and dates to be released: _____
_____

nderstand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired mmunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), sexually transmitted diseases, hepatitis C, tuberculosis or netics. IF YOU DO NOT WISH THIS INFORMATION TO BE RELEASED, PLEASE INITIAL DO NOT RELEASE: _____

ease mail records to: Name:_____

Street:_____

City:_____ State:____ Zip:_____Phone:_____

Select Payment Method

__ I would like to be billed in advance: I understand that my chart will be copied and I will be billed in advance for the balance. Records will be mailed upon receipt of payment for the balance.

__ I would like to expedite this process and pay by credit card. Please bill these charges to my credit card.
VISA____ MASTERCARD____ DISCOVER____

Cardholder Name:_____ Credit Card #:_____
Cardholder Signature:_____ Exp. Date:_____ Security Code:_____
Billing Address:_____City:_____State:___ Zip:_____

To avoid delay, complete all portions of this form and return to your physician's office:
Paoli Family Practice
250 West Lancaster Ave., Suite 120
Paoli, PA 19301

gnature of patient/guardian/authorized representative: _____ Date_____