



5900 Waterloo Road, Suite 110  
Columbia, MD 21045  
Medical Records: 443-451-1600 option 9  
Fax- 443-451-1619

## Effective January 2014

The following fees apply for obtaining copies of your child's medical records:

Per page charge: \$0.70 per page

**Additional Fees:**

Transfer to another physician: \$.70 per page plus postage

Payment must be made prior to records being mailed. You will receive a call when records are copied to make the payment. If you do not receive a call after 5 business days of sending the release form please call the billing department to make the payment (443)-451-1615.

Please call our Medical Records Coordinators at 443-451-1600 option 9 with any questions.

Medical Records Release form attached.



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# Request for Release of Medical Records

I hereby request a copy of the following medical records from The Pediatric Center, LLC  
Regarding the following patient:

<u>Patient Name:</u>	<u>Patient's Date of Birth</u>	<u>Parent's Name:</u>
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Please check all that apply:

- Brief Medical Record History (immunizations, last well, last two sick, growth chart)**
- Immunizations only(no charge)                       Laboratory test results
- All office visits     X-ray reports
- Other: (please specify):
  
- Please Mail                       Will Pick up

**We only release medical records generated from our office.**

Release to:

\_\_\_\_\_  
Name of person / office receiving records

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip code

Provide information to physician / consultant, agency or insurance company for the following reasons:

- Moving out of area     Child's age     Change of Insurance     Other: \_\_\_\_\_

**\* I understand that there is a fee for records preparation / transfer and agree to payment of this fee.\***

\_\_\_\_\_  
**Parent/Patient(Over 18) signature                      Phone Number                      Date**

*Expires no later than one year from date of signature*

New Forwarding Home Address (if applicable):

\_\_\_\_\_

\_\_\_\_\_