

Medical Record Request Form

(Please mail to : WellStep, LLC 902 Bombay Lane, Roswell Georgia 30076. Deadline for receipt of this form is December 1, 2020)

Patient Name _____ **Date of Birth** _____

I request that a copy of my medical records be mailed to me. I understand that I will be able to receive one copy only sent only to me and the office will be unable to send my medical records directly to new providers.

I understand that this request form must be mailed to 902 Bombay Lane, Roswell, Georgia 30076 and the request form must be received by December 1, 2020 after which time my medical records may be disposed of in accordance with medical board procedures concerning physician retirement.

I understand that the information in my health record may include records of mental health care and treatment.

I understand that medical record requests will be processed within 30 days.

I understand that the office cannot provide an estimate of charges prior to processing this request due to additional expenses that would be incurred due to variable page count.

I understand that in order for my medical record request to be processed, the included credit card authorization form must be filled out correctly and the charge be approved by my credit card company.

I understand that the office cannot contact me if my credit card is declined or if there is an error in completing my credit card form.

I understand that the fees that will be billed to my credit card were determined by the State of Georgia and are specified below:

Pursuant to O.C.G.A §31-33-3, effective July 1, of each year, the costs related to medical record retrieval, certification and copy may be adjusted in accordance with the medical component of the consumer price index. Effective July 1, 2015, the Department of Community Health (DCH) became the state entity responsible for calculating the annual inflation adjustment and publishing the revised rates for medical records retrieval. Accordingly, the rates effective July 1, 2020, are as follows:

Effective
July 1,
2020

Search, Retrieval and Other			
Direct Administrative Costs	Up to:	\$25.88	25.88
Certification Fee	Up to Per Record:	\$9.70	\$9.70
Copying Costs for Records in Paper Form	Per page for pages 1-20:	\$0.97	\$0.97
	Per page for pages 21-100:	\$0.83	\$0.83
	Per page for pages over 100:	\$0.66	\$0.66

I request that my medical records be sent to at the following address:

Street: _____

City: _____

State: _____

Zip: _____

Patient Signature: _____ Date: _____

Payment Information:

Name as it appears on card: _____

Billing Address _____

Card Number _____

Security Code _____

I authorize WellStep, LLC to charge the above credit card for all fees necessary to retrieve, certify, and duplicate and mail my medical records. I understand that by signing below I am responsible for payment of the above charges.

Signature: _____ Date: _____

Authorized Credit Card Holder