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Policy for Forms Completion and the Copying Of Notes

Disability and FMLA Forms: We will be happy to complete any disability or FMLA form you require. Please allow at least two weeks for the completion of these forms. The following pre-paid charges will apply:

First form, one page	\$20.00
First form, multi page	\$35.00
Subsequent forms, one page (monthly or recurring)	\$10.00
Subsequent forms, multi page (monthly or recurring)	\$15.00

Medical Records Copies: We will be happy to provide copies of your medical records at your request. These records will be released to you or your authorized agent. A Medical Record Release Form is required before this information can be released. Please allow fifteen days for these records to be released. The following prepaid charges will apply:

Base charge (chart retrieval, copying, postage and labor)	\$10.00
Pages 1-50	\$.50 per page
Pages 51 and over	\$.25 per page

Va. Code Section 8.01-413 (2003) A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. Except for copies of X-ray photographs, however, such charges shall not exceed:

- *fifty cents per page for up to fifty pages*
- *twenty-five cents a page thereafter for copies from paper or other hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic, imaging or chemical storage process.*
- *one dollar per page for copies from microfilm or other micrographic process plus all postage and shipping costs and a search and handling fee not to exceed ten dollars.*
- *Copies of hospital, nursing facility, physicians', or other health care provider's records or papers shall be furnished within fifteen days of such request.*

VA Code § 32.1-127.1:03. Health Records

If an individual or his agent/attorney requests a copy of his own medical records, the health care entity may impose a reasonable cost-based fee, which shall include the cost of supplies for and labor of copying the requested information, as well as postage where applicable.

I have read the above stated policy of Gastroenterology, Ltd. and understand that it applies to all forms and medical records copies for all patients.

Signature

Date