





GASTROENTEROLOGY, LTD.

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Policy for Forms Completion and the Copying Of Notes

<u>Disability and FMLA Forms</u>: 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

<u>Medical Records Copies</u>: 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 10/2017