RTH Plastic Surgery

Raymond T. Hajjar, D.O., F.A.C.O.S.
Christopher R. Lumley, D.O.

Patient Name: _____ DOB: _____

Medical Records Request Fee

The office of RTH Plastic Surgery, will provide your records to you once you have completed the completed the Patient Authorization for Records Request form. You can obtain this form by contacting our office and we can mail or fax the form to you. Please be sure to sign the form. Unsigned requests cannot be processed.

Your request will be processed and fulfilled within 15 working days. We will either mail or fax the records to the information you provide on the authorization form.

Listed below are the charges for copying medical records:

Pages 1-20	$15.00
Pages 21-50	$25.00
Pages 51+	$40.00

Form and Letter Fee

This is to notify you that the office of RTH Plastic Surgery, will apply a fee of $20.00 to your account for patient, companies, family members, insurance carriers or other person requesting form and/or letters to be completed.

Forms include, but not limited to FMLA, disability, motor vehicle division, continuation of pay, etc. Letters include, but are not limited to, attorneys, insurance companies, employers, schools, gyms, etc.
In order to comply with federal laws including HIPAA, this office must have a signed authorization from the patient/responsible party stating who we are authorized to release information to. You can obtain this form by contacting our office and we can mail or fax the form to you. Please be sure to sign the form. Unsigned requests cannot be processed.

Your request will be processed and fulfilled within 15 working days. We will either mail or fax the records to the information you provide on the authorization form.

_____ _____

Signature of patient or responsible party Date

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F 248 208 1750
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