

Birmingham Pediatrics + Wellness Center

Acknowledgement of Copying Fee

I, _____ (Patient / Guardian), understand that
(PRINTED NAME)
there will be a fee charged for copying medical records for any purpose.
This fee is to be paid before records will be released.

All records released require a signed release of information form and no records will be copied before said form is completed and returned to us.

The fees for copying records for each patient chart requested are as follows:

Copying/Handling fee: \$15 per chart (\$20 per chart if being mailed)

Signature

Date

Relationship to patient(s):

Patient(s) chart requested

DOB

(1) _____

(2) _____

(3) _____
