

## Rehabilitation Institute of Washington, PLLC

### Pain Management Program

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#### **Subject: Medical Record Fee Schedule**

**Policy Number: 209.02**

**Effective: 9/05 Revised 9/11, 4/12, 7/13**

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#### **Fee Schedule for Copying of Patient Health Information**

Patients may sign a consent form to have their medical records sent to them or other providers they designate. The release form is provided by the office assistants for the MD / PhD team. The following fees and conditions will apply.

1. We will provide copies of requested medical records to other treating providers as a courtesy for continuing patient care at no charge.
2. Copies for patients (or for someone authorized to make health care decisions on behalf of the patient) will be provided as requested, and the patient will be charged\* as follows:

~The first thirty (30) pages will be billed at \$1.09 per page.

~Additional pages over the first 30 will be billed at \$0.82 per page.

~Patients may receive a copy of a single note or summary report at no charge.

\*Payment will be due and payable at the time copies are provided. We are sorry, but we cannot invoice patients for copies.

3. Copies for attorneys, insurance companies or for other authorized requestors (other than the patient) will be provided as requested, and the requesting party will be billed as follows:

~The first thirty (30) pages will be billed at \$1.09 per page.

~Additional pages over the first 30 will be billed at \$0.82 per page.

~A clerical searching and handling fee of \$24.00 will also be charged.