

MEDICAL RECORDS & FMLA REQUEST FEE

BURSON ENT

2080 Newnan Crossing Blvd

Suite 200

Newnan, GA 30265

Patient Name: _____ DOB: _____

MEDICAL RECORDS REQUEST FEE

The office of **James G. Burson , M.D.** will provide your records to you once you have completed the Patient Authorization for Use/Disclosure of Protected Health Information (PHI) form. In order to comply with federal laws including HIPAA, as well as Georgia federal statutes, this office must have a signed authorization from the patient / responsible party stating who we are authorized to release information to. **Please be sure to sign the form below. Unsigned requests cannot be processed.**

Your request will be processed and fulfilled within 30 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:

Search/ Retrieval	\$25.88
Pages 1 – 20	.97 per page
Pages 21-50	.83 Per Page
Pages 51 or more	.66 Per Page

FORM AND LETTER FEE

This is to notify you that the office of James G. Burson , M.D., will apply a fee of \$50.00 to your account for patients, companies, family members, insurance carriers or other people requesting form /or letters to be completed.

Forms include, but not limited to **FMLA**, disability, motor vehicle division, continuation of pay, payment of car loans, payment of mortgages, industrial information, ect. Letters include, but are not limited to, attorneys, insurance companies, employers, schools, airlines, travel agents, gyms, ect.

Signature of patient or responsible party

DATE: _____