



5900 Waterloo Road, Suite 110
Columbia, MD 21045
Medical Records: 443-451-1600 option 9
Fax- 443-451-1619

Effective August 2022

The following fees apply for obtaining copies of your child's medical records:

Per page charge:	\$0.53 per page
CD:	\$15.00 total

Additional Fees:

Transfer to another physician:	\$.53 per page plus postage
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You will receive a call when records are copied to make the payment. If you do not receive a call after 5 business days of receiving the records, please call the billing department to make the payment .

(443)-451-1615.

Please call our Medical Records Coordinators at 443-451-1600, option 9, with any questions.

Medical Records Release form attached.



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Request for Release of Medical Records

I hereby request a copy of the following medical records from The Pediatric Center, LLC
Regarding the following patient:

<u>Patient Name:</u>	<u>Patient's Date of Birth</u>	<u>Parent's Name:</u>
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Please check all that apply:

- Brief Medical Record History (immunizations, last well, last two sick, growth chart)**
- Immunizations only(no charge) Laboratory test results
- All office visits X-ray reports
- Other: (please specify):

- Please Mail Will Pick Up

We only release medical records generated from our office.

Release to:

Name of person / office receiving records

Street Address

City, State & Zip code

Provide information to physician / consultant, agency or insurance company for the following reasons:

- Moving out of area Child's age Change of Insurance Other: _____

*** I understand that there is a fee for records preparation / transfer and agree to the payment of this fee.***

Parent/Patient (Over 18) signature Phone Number Date

Expires no later than one year from date of signature

New Forwarding Home Address (if applicable):

