

## MEDICAL RECORDS FEE SCHEDULE

**When requested by a PATIENT, PATIENT'S AUTHORIZED REPRESENTATIVE/GUARDIAN, ATTORNEY, or INSURANCE COMPANY:**

MEDICAL	DENTAL
<b>Medical Records (physical copies):</b> <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19                \$1.25/page First 20              \$25.00 (flat fee) 21 or more          \$25.00/first 20 pages + \$0.50/additional page  <b>Medical Records (electronic copies):</b> <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less)        \$25.00 (flat fee) 501 (or more)       \$50.00 (flat fee)  <i>*Lab results requested by patients or their legal guardians shall be made available to the individual at no cost.</i>  <b>Medical records requested for a disability claim or appeal:</b> Initial copy: no charge Secondary/duplicate copies: in accordance with above-mentioned charges.	<b>Dental Records (physical copies):</b> <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19                \$1.25/page First 20              \$25.00 21 or more          \$25.00/first 20 pages + \$0.15/additional page  <b>Dental Records (electronic copies):</b> <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less)        \$25.00 (flat fee) 501 (or more)       \$50.00 (flat fee)  <b>Diagnostic Images:</b> Cost of materials, labor and overhead up to, <b>but not exceeding, \$8.00 per image.</b>  <b>Dental records requested for a disability claim or appeal:</b> For initial copy: no charge For secondary/duplicate copies: in accordance with above-mentioned charges.

**When requested by a GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:**

MEDICAL and DENTAL
Medical and/or dental records requested by or on behalf of governmental agencies or their proxies, regardless of reason, must: a) be requested in writing; b) in a manner deemed valid by the Executive Director or designee; and c) approved for release in writing by the Executive Director or designee.  Should release of these records be consented to by the Executive Director or his/her designee, charges for dissemination of said records may meet, but not exceed, the cost of materials, labor and overhead required to generate and transfer records.

### Additional and Contingency Fees:

MEDICAL and DENTAL	
Postage: Actual cost	Non-rewritable CD (CD-R): \$1.00 per disc
Labor: Up to, but not to exceed, \$15.00/hour	Notary fee: \$6.00
Rewritable CD (CD-RW): \$1.00 per disc	Execution of affidavit fee: \$15.00
Patient billing record when requested by an attorney: \$25.00/record	

All clinical record releases shall be made in accordance with applicable federal and state laws. Requests elicited in any manner not defined above shall immediately be forwarded to the Executive Director or designee, to determine nature, permissibility, and lawful compliance for appropriate response to the request.

The Executive Director reserves the right to waive or reduce fees for the transmission of clinical records as he/she deems appropriate. This document is not intended to nor should ever be construed as an instrument utilized to preempt governing law of any form. In the case that any such fee or principle outlined in this policy is determined to be inconsistent with an authoritative statute, the terms set forth by the statute should prevail in their entirety.

*\*Coastal Health & Wellness' fee schedule is set forth in accordance with the Texas Medical Board (TMB) rules (including §165.2. Medical Record Release and Charges) as permitted under Texas law.*