New Jersey Urologic Institute
Medical Records Request & Payment Form

Services provided by **Med Request Solutions Inc.** 800-483-6040 ext. 2

Patient Information

Patient Name:_____ Date of Birth:_____

Patient Signature:_____ Relationship to patient:_____
(or patients personal representative)

Address:_____ Day Phone:_____

City/State/Zip:_____(please confirm that all patient information is correct)

********I understand that there is a fee as outlined below:********
Request for records to another doctor, for the patient or the patients personal representative will be charged as follows: $0.32 per page plus postage for all pages provided up to a maximum of $100.

If you would like a copy of your medical records, please read carefully and fill out all sections below. Failure to fill out all sections will delay your request. Allow up to 30 business days for processing**. One Form per patient please.**

Information To Be Disclosed

Specify information and dates to be released: _____
_____

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), sexually transmitted diseases, hepatitis C, tuberculosis or genetics. IF YOU DO NOT WISH THIS INFORMATION TO BE RELEASED, PLEASE INITIAL DO NOT RELEASE: _____

Please mail records to: Name:_____

Street:_____

City:_____ State:____ Zip:_____Phone:_____

Select Payment Method

__ I would like to be billed in advance: I understand that my chart will be copied and I will be billed in advance for the balance. Records will be mailed upon receipt of payment for the balance.

__ I would like to expedite this process and pay by credit card. Please bill these charges to my credit card.
VISA____ MASTERCARD____ DISCOVER____
Cardholder Name:_____ Credit Card #:_____
Cardholder Signature:_____ Exp. Date:_____ Security Code:_____
Billing Address:_____City:_____State:___ Zip:_____

To avoid delay, complete all portions of this form and return to this office:
New Jersey Urologic Institute
10 Industrial Way East
Eatontown, NJ 07724
Phone 732-963-9091 Fax 732-963-9092

Signature of patient/guardian/authorized representative: _____ Date_____