



MEDICAL RECORDS: AGREEMENT TO PAY FORM

Patient requests for medical records will be billed according to the following fee schedule:

FEES: Records for personal use, attorneys and/or insurance is \$25.00 for the first 20 pages, then \$0.50 per additional page and actual postage if not faxed or picked up. Please allow up to 10 days for processing time. To expedite a records request, there is an additional \$10.00.

Should you have any questions regarding the status of your request and the total, you may call 281-255-6333.

NOTE: We are unable to fax, mail or email medical records to attorneys or insurance companies without a valid authorization directly from the party. We will accept and process requests from attorneys and insurance companies once we have verified that authorization has been provided by party to Mark D. Le M.D.,P.A.

(For patients requesting their medical records to be transferred to another physician, there is NO charge therefore this form is not required.)

Patient Acknowledgement:

I, _____ (print name) have read and agree to the pay for medical records when an invoice is received from Mark D. Le M.D.,P.A.

Signature of Patient/Legal Representative		
_____	_____	_____
Signature	Date	Relationship to the Patient

Thank you for allowing us to serve your request for medical records.