**Records Release Form for Cross Keys Pediatrics**

I agree upon release of medical records from Cross Keys Pediatrics to pay my balances in full as part of the record release, in addition to the records transfer fees if applicable. I agree to provide updated insurance information if necessary.

For vaccine, growth chart, most current physical record requests related to transfer of care needs, the whole record will be provided for efficiency and to ensure optimal transfer of care. Vaccines may be on multiple pages of the chart including on physicals, and the whole chart must be copied for record transfer requests for accuracy.

Current fees are $20 per record. We prefer to mail them out. There is no charge for Medicaid patients. These fees cover the costs for paper records, toner, staff time, storage on site of the originals, and mailing costs. The practice charges this fee to cover costs and does not make anything on these requests. These fees are usually not covered by insurance plans.

I agree to incur all collection charges in regards to collecting outstanding balances if necessary for purposeful nonpayment of services that are not covered by my insurance plan such as past due balances of co pays, deductibles, non-covered services, or administration fees etc.

I understand that I am legally obligated to pay outstanding balances for past and future services done by the practice. For questions on current balance please contact the Coronis Health / M-Scribe billing department

## Phone: 1-888-451-4440 Email:  [customerservice\_pspatl@coronishealth.com](mailto:crosskeyspeds@live.com)

**Form with payment included,** **should be completed in full or** **else will not be able to put in the processing queue for services to begin to be performed by the practice**. Payment info should be provided on form. Contacting for payment may result in delays.

Date

Parents name

Signature of Parent

Patient names and Dates of Birth

Address of Family with Zip Code

Phone number and Email of Family

Credit Card Info – Card Type Name on Card

Card Numbers

Expiry Date CVV code

Charge Amount (staff will determine balance)

Note we cannot fax full medical records as it ties up the fax machine.

Please email completed form back to [crosskeyspeds@live.com](mailto:crosskeyspeds@live.com)

Thank you