**Records Release and Past Due Balance for Services Form for Cross Keys Pediatrics and Family**

I agree upon release of medical records from Cross Keys Pediatrics and Family 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 $25 per record, pickup in state only. $35 for mailing record out of state. There is no charge for Medicaid patients. These fees cover the costs for paper records, toner, staff time, and storage on site of the originals. 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 that in order to request noncovered insurance services such as school/camp/sports forms done out of visits, physician letters, sick notes, or referrals etc. to pay off my past due outstanding balances, including any yearly administration fees due if applicable owed to the practice.

I agree to incur all collection charges in regards to collecting outstanding balances if necessary for purposeful nonpayment of noninsured 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 MScribe billing department

Phone: 1-888-451-4440 Email: customerservice@m-scribe.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 can result in very significant 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)

What service is being requested? Where are medical records being sent/provided to? Pickup only for in state medical record requests., email is okay for physician letters, sick notes and school forms etc)? Note we cannot fax full medical records as it ties up the fax machine.

Please email completed form back to crosskeyspeds@live.com

Thank you.