

**HCA SHARED SERVICES CENTER
10030 N. MacArthur Blvd.
Irving, TX 75063**

The Dallas Shared Services Center contracts with **HealthPort** to process requests for copies of medical records.

The following must be presented:

- A completed authorization (all sections of the authorization must be completed for records to be released)

What we will provide at no cost to you:

- Records to your physician for patient care. Pertinent information (an abstract) for patient care includes transcribed reports (discharge summary, history and physical, operative reports and emergency room report), radiology reports, lab reports and clinic notes (if applicable). If you would like additional records sent, please specify on the authorization what records are to be sent.

Requests for records to be sent to a third party (attorney, insurance company) can only be completed with a request and authorization directly from that party. If you desire records for this purpose or for your own personal use, the records will be mailed to you. If you believe the records you are requesting may exceed a certain dollar amount and would like to be notified of this in advance, please indicate in the area below.

Please notify me if the cost of my records exceeds \$ _____

.25 per page + applicable tax and postage cost

By my signature below, I acknowledge that I am aware of the fee for copies of medical records. I agree to pay this fee when I receive an invoice from **Healthport**.

PLEASE PRINT:

NAME: _____ PHONE #: (____) _____

ADDRESS: _____
Street City State Zip

SIGNATURE: _____ DATE: _____



10030 N. MacArthur Blvd.
Irving, TX 75063
(888) 749-7952

PATIENT IDENTIFICATION

HealthPort Fee Sheet

