

**Patient Fee Schedule
for Release of Medical Records**

The following fees apply according to New Jersey Regulation §8:43G-15.3 (d) & (e) for requests made by a patient or patient's legally authorized representative:

Photocopies pages 26-200	\$0.15 per page
Email (25 pages or less)	No charge
Fax (25 pages or less)	No charge
Preparing and burning a CD	\$15.00 each
Postage	Postage will be billed at actual costs for mailing
Maximum charge limit	\$200.00

Note: Record requests for disability, continued care, insurance, etc. will be offered at no charge.

* Please do not send cash *

* We do not accept credit cards *

Please make your check or money order payable to:

ACUITY SPECIALTY HOSPITAL OF SOUTHERN NEW JERSEY

Please mail check to: **Health Information Management - HIM Director
Health Information Management - ROI
Acuity Specialty Hospital
220 Sunset Road, Suite 1B
Willingboro, NJ 08046**

Third Party Fee Schedule for Release of Medical Records

The following fees apply according to New Jersey Regulation §8:43G-15.3 (d) & (e) for a person or entity authorized by patient:

Access/Search Fee	\$10.00
Photocopies	\$1.00 per page for the first 100 pages \$0.25 per page up to a total charge of \$200.00
Preparing and burning a CD	\$25.00 each
Postage	Postage will be billed at actual costs for mailing
Maximum charge limit	\$200.00

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