

**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 - ROI  
Acuity Specialty Hospital  
218 Sunset Road  
Willingboro, NJ 08046**