



OPHTHALMOLOGY ASSOCIATES
It's a beautiful world. See it well.

1201 Summit Avenue, Fort Worth, Texas 76102
 PHONE: 817-332-2020 FAX: 817-810-0791

INCOMING MEDICAL RECORD REQUEST

Federal rules prohibit any disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient's Printed Name: _____

Address: _____

DOB _____ Phone: _____ Account# _____ Dr. _____

City _____ State _____ Zip _____

MY RECORDS ARE WITH:

Dr. Name _____

Clinic Name _____

Address _____

Phone _____ Fax _____

City _____ State _____ Zip _____

MY RECORDS ARE TO BE SENT TO:

I hereby request that copies of these records for dates _____ through _____ are released to:

Name of OA Physician _____

**INCOMING
 MEDICAL
 RECORD
 REQUEST**

OPHTHALMOLOGY ASSOCIATES
 1201 SUMMIT AVENUE
 FORT WORTH, TEXAS 76102
 817-332-2020 FAX - 817-810-0791

This authorization is valid for _____ days from date of signature below and may be revoked in writing at any time. If the date is not specific, it will automatically expire in 90 days.

Purpose of Release: Medical Care Insurance Claim Legal Disability FMLA
 Moving Wanted a closer place Insurance Change Other _____

The following records should **NOT BE RELEASED** _____

I understand that Ophthalmology Associates may charge a fee for the costs of these records in accordance with Texas guidelines.

Signature of Patient or Patient's Authorized Representative _____

Date _____

Printed name of Patient or Patient's Authorized Representative _____

Relationship _____

******TO BE COMPLETED BY CHARTROOM STAFF******

INCOMING - LOG FAX MRR SCAN MRR TO MR REQUESTING PLACE MRR IN PENDING	OUTGOING - IS PMT REQUIRED? YES- LOG PRINT REC COMP PRE PMT REQ FAX PRE PMT REQ & MRR SCAN MRR ONLY TO MR RELEASED PLACE MRR IN PENDING W PRINTED REC	OUTGOING - IS PMT REQUIRED? NO - LOG PRINT REC FAX OR MAIL RECS SCAN MRR TO MR RELEASED
ARRIVAL OF RECORDS - PULL MRR COMP LOG SCAN REC TO RECORDS FROM OTHER DOCTORS MARK FOR DR REVIEW	FOR DARS DISABILITY REQUEST ONLY COMPLETE REQ USING ACCT# AS INV # FAX RECS PRIOR TO PAYMENT GIVE FORM TO BEV. SAVAGE FOR POSTING	ON ARRIVAL OF PMT - COMP LOG COMP FSHT AND PRE PAY REQ W PMT INFO SEND FSHT W CHRG & PMT TO FD FAX OR MAIL RECORDS DELETE MRR FROM EMR & SCAN MRR & COMP PRE PMT REQ TO MR REQUESTED