

Disability Form Information

Account #: _____ **Physician:** _____

A fee of \$15.00 per form is due before forms can be released. Please allow **5 business days** for processing.

Type of Leave: Continuous or Intermittent (circle one)

Patient Name: _____ **DOB:** _____
Address: _____ **Phone:** _____
 _____ **Email:** _____
City: _____ **State:** _____ **Zip:** _____

Indicate preferred method of delivery of completed form:

- Mail to Patient (address above)
- Mail to Insurance Company

Mailing Address: _____

- Fax to Insurance Company

Fax Number: _____
Attention to: _____

Comments / Instructions: _____

Number of Forms: _____ **Date of Surgery Scheduled:** _____

If Intermittent: _____ hours / _____ days per week / _____ weeks

I authorize BACTES Imaging Solutions, a trusted Business Associate of Texas Orthopedics, to release medical information to insurance carriers regarding disability claims.

I understand that:

- ❖ My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- ❖ I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
- ❖ If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be disclosed.
- ❖ I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- ❖ I can request a copy of this form after I sign and date it.

Signature: _____ **Date:** _____
 This authorization expires 90 days from the date of signature.

All forms are completed in the order that they are received.

All form fees are due when request is submitted.

Should you have any questions, please call 512-900-5330.





Release of Information Process and Fee Explanation Texas Orthopedics

Dear Patient:

As you can hopefully understand, the cost for the reproduction of medical records is quite extensive. In addition, we are bound by HIPAA (Federal Privacy Act) to track and report each request.

BACTES is Texas Orthopedics' medical records Release of Information provider. Texas state statute allows for the following fees for the copying and releasing of medical records in the case of a patient transfer:

First 20 pages: \$25.00
Per page after first 20 pages: \$.50 each page
Plus any postage costs.

Texas Orthopedics is "capping the fee at \$25 for a two-year abstract of your medical record including up to five years of diagnostics regardless of page count."

X-rays taken at Texas Orthopedics can be provided on CD to patients for \$15.00.

If you require your entire record the fee will be according to Texas state statute.

Please fill out the "Authorization for use or Disclosure of Protected Health Information" form completely. For expedited processing, mail, FAX, or deliver the completed form and \$25 Check to:

BACTES-Texas Service Center
Texas Orthopedics-TX196
9300 Jollyville Rd. Suite 206
Austin, TX 78759
FAX: 858-244-3481

If payment is not provided or if additional payment is required, an invoice will be sent within 5 days of receipt. This fee can be remitted by Check or Credit Card. Payment may be mailed to the address above. You may also call the phone number below to provide Credit Card information.

Your request will be fulfilled upon payment in any of the above mentioned means. Should you have any questions regarding the fee, please contact Bactes (our service) at 512-900-5330.

Thank you again for your confidence in Texas Orthopedics.