

## **Expedited Medical Records Request**

### **Instructions**

All requests for medical records are normally processed within 30 days for requests received for records at the Washington, DC office and 15 days for requests received for records at the Virginia office. If you wish to receive your medical records more expeditiously, NBJI provides expedited service for non-medical emergency cases as follows:

- (1) Two business days return via fax or by in-person pick-up for \$100;
- (2) Three business days return via fax or by in-person pick-up for \$75; or
- (3) Seven business days return via fax or by in-person pick-up for \$25.

For expedited service, please complete and return to us the following:

- (A) **Expedited Medical Records Request Form** (below);
- (B) **HIPAA Authorization Form** (found on NBJI website Patient portal); and
- (C) **Fee for Expedited Service** (*Patients may pay for the expedited service fee by either completing the Credit Card Authorization Form available on the NBJI website or by mailing a check along with the completed form to NBJI.*)

Please send the completed forms and payments to NBJI by email at [patients@nerveboneandjoint.com](mailto:patients@nerveboneandjoint.com), facsimile at (202) 955-6008 or mail at Nerve Bone and Joint Institute, 3 Washington Circle, N.W., Suite 207/208, Washington, D.C. 20037.

All requests for expedited service are processed from the date of receipt of the properly completed request forms and the required fees.

The expedited service fees do not include shipping and handling fees. Additional fees and delivery time may be applied if the records are mailed.

Please contact NBJI at (202) 955-6001 with any questions.

*NOTE: For non-expedited service, please simply complete the HIPAA Authorization Form and return it to us. Copying and mailing fees may apply to non-expedited requests.*



3 Washington Circle NW  
Suite 207/208  
Washington, DC 20037

Main: (202) 955-6001  
Fax: (202) 955-6008

### Expedited Medical Records Request Form

Patient Name: \_\_\_\_\_  
First Middle Last

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Patient Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attorney's/Representative's Name: \_\_\_\_\_  
(If Applicable)

I hereby request that Nerve, Bone, and Joint Institute process my medical records expeditiously as follows: **(Please check one box):**

- 24 hour return via fax or in person pick-up for \$100
- 48 hours return via fax or in person pick-up for \$75
- 1 week return via fax or in person pick-up for \$25

I would prefer to: **(Please check one box):**

- Personally pick-up the requested information from NBJI's Washington, DC Office. *(NBJI staff will provide you with a date and time of pickup).*
- Fax the requested information to (\_\_\_\_\_)\_\_\_\_\_ to attention of: \_\_\_\_\_
- Have a copy of the requested information mailed to the following address **(Mailing fees may apply):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_