



PEACHTREE ORTHOPEDICS

**If patient is unable to sign, a copy of the legal documentation for patient's representative must be supplied with a copy of this form.*

Dear Patient

Thank you for choosing **Peachtree Orthopedics Medical Records Department**. To better serve you with your request for medical records, Peachtree Orthopedics has partnered with Providerflow. Providerflow will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have specific instructions included as to what records you are requesting and where you are requesting, they be delivered. Records that need to be delivered directly to you, please choose mail or email. For records to be delivered to another physician, please choose fax or mail. The fax delivery option may only be used for records going to a physician.

Pursuit to HIPAA 45CFR, 164.524, We reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. At no time will the cost-based fees exceed Georgia State Law. Records sent to another healthcare provider will be sent at no cost. Requests delivered electronically: \$6.50 flat rate. Diagnostic Copying Costs: X-ray \$10.00 MRI \$20.00 All Requests for Information will be fulfilled through Provider Flow. Payment questions should be directed to **ProviderFlow at 1-888-635-6955**.

This form can be dropped off at any of the Peachtree Orthopedics location or mailed to:

Peachtree Orthopedics
2001 Peachtree Rd NE
Suite. 705
Atlanta, GA 30309

Should you choose to fax your completed Authorization, please include a copy of your Driver's License or State issued ID and fax to: **404-355-2136 or 855-270-3558**

Questions? Please contact Peachtree Orthopedics Medical Records Department by calling: **404-425-1104**.

Thank You,
Medical Records Department
Peachtree Orthopedics