



About Diversified

Diversified Medical Records Services is an outside company specializing in managing compliance and correspondence copying for medical facilities nationwide.

The company was founded in 1992, is fully HIPAA compliant, and adheres to all state and federal regulations concerning the release of protected health information (PHI).

Medical Record Fees

The state regulates the rates for copies of medical records and those are updated annually.

Diversified Medical Records Services tries to minimize your costs by offering you electronic options as well as a flat discounted rate.

Have a Question?

If you need further information, please call Diversified Medical Records Customer Service at (800) 359-8520.

Dear Patient:

You recently requested records through our office, but did not select a payment option. There is a fee to process medical records requests. Diversified Medical Records Services processes all requests for copies of medical records.

Your records are available to you with the following options.

Options: Please mark your choice:

- Option 1: Two (2) year abstract** of pertinent health information: *Discounted flat rate* of \$20.00.
- Option 2: Entire Chart:** *Ohio state regulations:* \$3.02 per page for pages 1-10 plus \$0.63 per page for pages 11-50 plus \$0.26 per page for every page thereafter. Provide a \$20 prepayment and we will copy your entire chart. You will then receive an invoice for the remaining fee based on page count. Records are not released until that invoice is paid in full. Please note: Entire charts CAN NOT be picked up at the medical office and may include shipping costs.
- Option 3: Digital Flashdrive:** \$49.95 for a five (5) year history of health information provided to you on an encrypted, password protected USB drive that can be carried on your keychain. There is no page fee and no page limit. Please note: Flash drive must be sent to you directly, not to a third party.

Instructions:

- ✓ Circle or Check Mark your preferred option above.
- ✓ Complete the enclosed authorization entirely. If any area is left blank, the form becomes legally invalid per federal law. If you already have a completed authorization, double check that it is complete, signed, and dated. Also make sure it has not expired. HIPAA compliance so that your request can be processed without further delay.
- ✓ Make a check or money order payable to DMRS for the appropriate amount. Apologies, but credit cards are not accepted.
- ✓ Mail **both** your payment **and** your completed authorization form to:

**Westshore Primary Care
5323 Meadow Lane Court
Suites A & B
Sheffield Village, Ohio 44035**

~ Request will not be processed without pre-payment ~