



## Patient Medical Record Copy Fee Notice 2024

Dear Patient,

Your Provider has contracted VRC to process valid requests for copies of medical records. You must complete a **Release of Information Form** when requesting your medical records (available at your doctor’s office or contact VRC for a copy). Requests for copies of medical records are subject to reproduction fees in accordance with federal/state regulations. You are hereby notified in advance of said fees and by submitting this request you are accepting these fees and authorizing the provider/VRC to process your request for records. The invoice needs to be paid for the records to be released by mail or electronically.

HITECH/Patient Access Requests – if a **patient** is requesting their own records for **personal reasons (any request initiated by the patient or their personal representative)**, the patient will be charged. The fees are as follows:

Patient rates for records	Illinois/3rd Party Rates
Fees may include: <ul style="list-style-type: none"> <li>• Minimum \$6.50 Flat fee for 375 pages or less</li> <li>• \$0.02/page average labor after the first 375 pages</li> <li>• \$6.50 per CD if applicable</li> <li>• Plus postage if applicable</li> <li>• \$25 for certification service if applicable</li> </ul>	Fees may include: <ul style="list-style-type: none"> <li>• \$34.72/Handling charge</li> <li>• \$1.30 copy pages 1 through 25</li> <li>• \$0.87 copy pages 26 through 50</li> <li>• \$0.43 copy pages 51 or more</li> <li>• \$25 per CD if applicable</li> <li>• \$25.00 for certification service if applicable</li> <li>• Actual cost of any required postage may also be charged.</li> </ul> <p><b>*Copying fees are updated yearly by the State of Illinois</b></p>

The above fees are for patient access requests only and all other 3<sup>rd</sup> party requests will be subject to a state regulated fee schedule. Your completed request form should be given to your provider or faxed directly to VRC for processing.

**Fax Completed Requests Form To: (312) 836-7919**

**Email To: [neintake@vrcnetwork.com](mailto:neintake@vrcnetwork.com)**

**For status of a record request contact:**

VRC Companies LLC  
 Dept 5853 PO Box 11407  
 Birmingham, AL 35246-5853  
 Phone: (312) 757-5020  
 Fax: (312) 836-7919  
 NEcustomerservice@vrcnetwork.com

While VRC is under contract with this facility to provide release of information services we are also committed to providing you with your requested medical records in an efficient and highly secure manner and want to make sure you understand the process in which your records are provided, and the costs associated with obtaining them.

Our standard processing time to respond to your request is 7-10 business days. Please do not hesitate to contact us at 312-757-5020

If you have any questions about the service VRC provides on behalf of the provider or the bill you may receive because of your request for medical records.

Thank you,  
VRC

Fees should be remitted to VRC as directed on the invoice you receive. Checks should be payable to VRC. You can also make a payment with a credit card online at <https://pay.recordconnect.com> by following the instructions on the form provided or by calling VRC at (312)757-5020.



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