

**Patient Fee Schedule
for Release of Medical Records**

The following fees apply according to New Jersey Regulation §8:43G-15.3 (d) & (e) for requests made by a patient or patient's legally authorized representative:

Photocopies pages 26-200	\$0.15 per page
Email (25 pages or less)	No charge
Fax (25 pages or less)	No charge
Preparing and burning a CD	\$15.00 each
Postage	Postage will be billed at actual costs for mailing
Maximum charge limit	\$200.00

* Please do not send cash *

* We do not accept credit cards *

Please make your check or money order payable to:

ACUITY SPECIALTY HOSPITAL OF NEW JERSEY, LLC

Please mail check to: **Health Information Management - HIM Director - ROI**
Acuity Specialty Hospital of New Jersey
1925 Pacific Avenue
Atlantic City, NJ 08401
C/O Atlanticare Medical Center
Wellness Pavilion, 5th Floor



Third Party Fee Schedule
for Release of Medical Records

The following fees apply according to New Jersey Regulation §8:43G-15.3 (d) & (e) for a person or entity authorized by patient:

Access/Search Fee	\$10.00
Photocopies	\$1.00 per page for the first 100 pages \$0.25 per page up to a total charge of \$200.00
Preparing and burning a CD	\$25.00 each
Postage	Postage will be billed at actual costs for mailing
Maximum charge limit	\$200.00

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