



Copy Fee Notice ALL FEES SET BY RUSH

Rush has contracted Midwest Medical Records Association (MMRA) to process requests for medical records. To request your medical records, itemized bills and/or radiology films, you need to submit either the RUSH Release of Information Form or other HIPAA compliant authorization. Requests for copies are subject to reproduction fees in accordance with state and federal regulations. You are being notified in advance of said fees; by submitting this request you are accepting those fees and authorizing your request to be processed. You will receive an invoice once processing is complete.

Patient Rates

If a patient is requesting their own records for personal reasons (any request where records are sent directly to the patient or their personal representative) the patient will be charged the following fees:

No Charge	For pages 1-25	
\$6.50	For pages 26+	
\$6.50	Radiology images on CD	

If a patient is directing their own records to be sent to a third party, insurance company, attorney etc., the patient will be charged the following fees:

Duplica	ition in Paper	Electro	onic Duplication
\$1.26	Per page for pages 1-25	\$0.63	Per page for pages 1-25
\$0.84	Per page for pages 26-50	\$0.42	Per page for pages 26-50
\$0.42	Per page for pages 51+	\$0.21	Per page for pages 51+

State of IL Legislated Rates (per 735 ILCS 5/8-2006)

Third Party, Insurance company, Attorney etc.

Requests sent by or to 3rd parties (attorney offices, insurance companies, copy services, etc.) will be subject to the Illinois state regulated fee schedule. {Every Jan 20th the fees will be adjusted pursuant to 735 ILCS 5/8-2006.}

Duplication in Paper		Electronic Duplication	
		(include an email address for electronic release within your request)	
\$33.60	Handling charge, included with request	\$33.60	Handling charge, included with request
\$1.26	Per page for pages 1-25	\$0.63	Per page for pages 1-25
\$0.84	Per page for pages 26-50	\$0.42	Per page for pages 26-50
\$0.42	Per page for pages 51+	\$0.21	Per page for pages 51+
	Actual postage		

Radiology images on CD: \$25.00/CD

Checks may be made payable to MMRA and submitted with your request by mailing to the address below.

Requests may be submitted by:

Mail:

Rush University Medical Center Health Information Management Dept. 1611 W Harrison St, L1 Suite 001 Chicago, IL 60612

Fax: 312-942-2264

Rush Oak Park Hospital Health Information Management Department 520 S Maple Ave, 4 East Oak Park IL 60304 Fax: 708-660-4026

07-12-2023