

Charges Permitted for Providing Copies of Medical Records

IC 16-39-9

Chapter 9. Charges Permitted for Providing Copies of Medical Records

IC 16-39-9-1

Chapter exemptions

Sec. 1. This chapter does not apply to x-rays covered by either of the following:

- (1) IC 16-39-1-2.
- (2) IC 16-39-7-2.

As added by P.L.102-1994, SEC.9.

IC 16-39-9-2

Maximum copying fees

Sec. 2. A provider may not charge a person for making and providing copies of medical records an amount greater than the amount set in rules adopted by the department of insurance under section 4 of this chapter.

As added by P.L.102-1994, SEC.9. Amended by P.L.173-2007, SEC.1.

IC 16-39-9-3 Repealed

(Repealed by P.L.173-2007, SEC.47.)

IC 16-39-9-4

Cost adjustments by department

Sec. 4. (a) As used in this section, "department" refers to the department of insurance created by IC 27-1-1-1.

(b) The department may adopt rules under IC 4-22-2 to set the amounts that may be charged for copying records under this chapter. (See 760 IAC 1-71-3 - provided below in red - for current charge limits)

In adopting rules under this section, the department shall consider the following factors relating to the costs of copying medical records:

- (1) The following labor costs:
 - (A) Verification of requests.
 - (B) Logging requests.
 - (C) Retrieval.
 - (D) Copying.
 - (E) Refiling.

- (2) Software costs for logging requests.
- (3) Expense costs for copying.
- (4) Capital costs for copying.
- (5) Billing and bad debt expenses.
- (6) Space costs.

As added by P.L.102-1994, SEC.9. Amended by P.L.173-2007, SEC.2.

Rule 71. Copies of Medical Records

760 IAC 1-71-1 Applicability and scope

Authority: IC 16-39-9-4

Affected: IC 16-39

Sec. 1. This rule applies to all providers and medical records companies. (*Department of Insurance; 760 IAC 1-71-1; filed Sep 14, 2005, 2:45 p.m.: 29 IR 547; readopted filed Nov 29, 2011, 9:14 a.m.: 20111228-IR-760110553RFA*)

760 IAC 1-71-2 Definitions

Authority: IC 16-39-9-4

Affected: IC 16-18-2-295; IC 16-39

Sec. 2. The following definitions apply throughout this rule:

- (1) "Medical records company" means a company that contracts with providers to make copies of patient medical records.
- (2) "Provider" has the meaning set forth in IC 16-18-2-295.

(*Department of Insurance; 760 IAC 1-71-2; filed Sep 14, 2005, 2:45 p.m.: 29 IR 547; readopted filed Nov 29, 2011, 9:14 a.m.:20111228-IR-760110553RFA*)

760 IAC 1-71-3 General requirements

Authority: IC 16-39-9-4

Affected: IC 16-39

Sec. 3. (a) A provider or medical records company that receives a request for a copy of a patient's medical record shall charge not more than the following:

- (1) One dollar (\$1) per page for the first ten (10) pages.
- (2) Fifty cents (\$.50) per page for pages eleven (11) through fifty (50).
- (3) Twenty-five cents (\$.25) per page for pages fifty-one (51) and higher.

(b) The provider or the medical records company may collect a labor fee not to exceed twenty dollars (\$20). If the provider or medical records company collects a labor fee, the provider or medical records company may not charge for making and providing copies of the first ten (10) pages of a medical record.

(c) The provider or medical records company may charge the actual costs of mailing the medical record.

(d) The provider or the medical records company may collect an additional ten dollars (\$10) if the request is for copies to be provided within two (2) working days.

(e) The provider or medical records company may collect a charge not to exceed twenty dollars (\$20) for certifying a patient's medical record. *(Department of Insurance; 760 IAC 1-71-3; filed Sep 14, 2005, 2:45 p.m.: 29 IR 547; readopted filed Nov 29, 2011, 9:14 a.m.: 20111228-IR-760110553RFA; readopted filed Nov 6, 2017, 1:06 p.m.: 20171206-IR-760170354RFA)*

760 IAC 1-71-4 Waiver of charges

Authority: IC 16-39-9-4

Affected: IC 16-39

Sec. 4. A provider or a medical records company shall consider waiving or reducing the charges for copies of a patient's medical record under the following situations:

(1) A request from a provider:

(A) to whom the patient was referred for treatment; or

(B) from whom the patient is seeking a second opinion.

(2) The patient requested the records for his or her own use, and the charges will cause an undue financial hardship upon the patient.

(Department of Insurance; 760 IAC 1-71-4; filed Sep 14, 2005, 2:45 p.m.: 29 IR 547; readopted filed Nov 29, 2011, 9:14 a.m.: 20111228-IR-760110553RFA; readopted filed Nov 6, 2017, 1:06 p.m.: 20171206-IR-760170354RFA)

- CAVEAT: Providers under all Indiana Health Coverage Programs (IHCP) are NOT permitted to charge for copies or transfers of medical records of IHCP members (patients).