

Medical	records	charging	inform	ation
1.1 Carcar	I CCCI GD	C1141 51115	111101111	acron

- \square Pre-payment is required.
- ☐ Personal Requests
 - o Less than 25 pages Free
 - o 26+ pages \$5 flat fee
- ☐ Legal request fees:
 - o \$20.00 for the first 25 pages and \$0.25/page thereafter.
- ☐ Insurance request fees:
 - o Primary insurance No charge.
 - o Aflac \$20.00 flat fee.
 - All other insurance requests:
 - \$20.00 for the first 25 pages and \$0.25/page thereafter.
 - o Disability (Short-term, Long-term, SSA)
 - \$20.00 for the first 25 pages and \$0.25/page therafter.
- ☐ Continuum of Care (Facility name, doctor's name, and facility address required):
 - o No charge.

Trinity Hospital Attn: Release of Information 407 3rd Street SE P.O. Box 5020 Minot, ND 58702 P: 701-857-5390

F: 701-857-5778 or 701-857-7879

E-Mail: Trinity.ROI@trinityhealth.org