



Psychiatric  
Professionals  
of *GEORGIA*

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*Your Journey to Wellness*

## Medical Record Request

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

### Fees:

Patient Record Request	\$30.00
DFCS Record Request	\$30.00
Attorney Record Request	\$30.00
Insurance/Disability Request	\$30.00
Doctor's Office Request	\$0.00

### Office Staff Only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

### How to Send:

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Mail: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pick-Up: \_\_\_\_\_

### Payment Type:

Cash

Credit Card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Total Amount Collected: \_\_\_\_\_

We accept payment via credit card, debit card, or cash. We do not accept personal checks. Do not send cash in the mail.

Every effort will be made to complete your forms as soon as possible. However, please allow **7-10 business days** for completion.

Medical Records Request: October 20, 2020