

BERWYN FIRE COMPANY

Chester County Station 2 • 23 Bridge Avenue, Berwyn, PA 19312

Questions: EMSCaptain@berwynfireco.org

ATTORNEY / LAW FIRM RECORDS REQUEST

For requests submitted with a patient-signed HIPAA authorization or a subpoena • EMS Patient Care and Billing Records

VERIFY BEFORE YOU SUBMIT

If you are not certain that Berwyn Fire Company was the responding EMS agency, e-mail EMSCaptain@berwynfireco.org with the patient name, date, and incident location to request verification BEFORE submitting this request and payment. Fees are non-refundable, including for requests sent to the wrong agency.

SECTION 1 PATIENT INFORMATION

PATIENT FULL LEGAL NAME (Last, First, Middle)	OTHER NAMES USED	DATE OF BIRTH
MAILING ADDRESS (Street, City, State, ZIP)	TELEPHONE	LAST 4 OF SSN (optional)
DATE(S) OF SERVICE / INCIDENT	INCIDENT LOCATION	INCIDENT / RUN NUMBER (if known)

SECTION 2 DISCLOSING ORGANIZATION

Records are requested from **Berwyn Fire Company, Emergency Medical Services, 23 Bridge Avenue, Berwyn, PA 19312.**

SECTION 3 RELEASE INFORMATION TO (REQUESTING LAW FIRM)

LAW FIRM NAME	ATTORNEY NAME	
ADDRESS (Street, City, State, ZIP)	CONTACT PERSON / PARALEGAL	
TELEPHONE / FAX	E-MAIL	FIRM FILE / CLAIM NUMBER

SECTION 4 RECORDS REQUESTED AND LEGAL AUTHORITY

- ☐ Patient Care Report (PCR / ePCR) ☐ Billing history / itemized statement
☐ ECG / 12-lead / cardiac monitor data (if applicable) ☐ Other: _____

Authority enclosed (required — check one):

- ☐ Patient-signed HIPAA authorization (firm's own form) ☐ Subpoena — Court / Docket No.: _____

Records will not be released until a valid authorization or subpoena has been received.

SECTION 5 PROCESSING FEE

Records request fee: **\$75.00**

Make payable to: Berwyn Fire Company

Send this form with payment to: **Berwyn Fire Co Medical Records, 23 Bridge Ave, Berwyn, PA 19312**

You may send this form together with your authorization or subpoena, or in advance of your documents.

- Payment is required in full before any records are released.** Requests received without payment will be held until payment is received.
- All fees are non-refundable**, including requests where no records exist, the request is withdrawn, or Berwyn Fire Company is not the responding agency.
- Verify first.** If unsure whether Berwyn Fire Company responded, e-mail EMSCaptain@berwynfireco.org before submitting payment.

SECTION 6 REQUESTER CERTIFICATION

I certify that I am authorized to request these records on behalf of the law firm named above, that the enclosed authorization or subpoena is valid, and that I have read and agree to the fee terms in Section 5.

SIGNATURE OF REQUESTER	PRINTED NAME / TITLE	DATE
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FOR BERWYN FIRE COMPANY USE ONLY

DATE RECEIVED	RECEIVED BY	AUTHORITY VERIFIED ☐ Auth. ☐ Subpoena	BFC RECORD FOUND ☐ Yes ☐ No
\$75 PAYMENT RECEIVED ☐ Yes	CHECK / REFERENCE # & DATE	DATE RELEASED	RELEASED BY