

**The Johns Hopkins Health System
Unbilled Medical Records Write-Off Request Form**

Patient Name _____ Patcom/MR # _____

Total Charges \$ _____ Current Date: _____

Amount of write-off: _____ Admit Date: _____ Discharge Date: _____

Medical Service _____ Nursing Unit _____

Financial Class: _____ Insurance Code: _____

T-Code: _____ Patient Deceased? Y or N _____ Attending Physician @ Discharge: _____

Nature of Admit: Elective _____ Urgent Care _____ ER _____ Newborn _____ Delivery _____

Summary of Activity to locate chart: _____

If partial chart is located, describe missing components: _____

Authorization for Medical Record Write-off

Administrative Signatures

Director of Nursing: _____ If record was received by Medical Records: Director

Functional Unit Director: _____ of Medical Records: _____

Patient Financial Services Signatures

\$ 0 to \$ 9999. Assoc. Director: _____ Date: _____

\$ 10,000 to \$ 24,999 Director: _____ Date: _____

\$ 25,000 to \$ 99,999 Senior Director: _____ Date: _____

\$ 100,000 to \$ 499,999 Vice President: _____ Date: _____

\$ 500,000 and above Executive Vice President, COO: _____ Date: _____