



Date

Attorney Practice and address will need to be mail merged

Please note that effective 02/01/2025, all subpoenas or requests for billing records **MUST BE SENT BY MAIL** to the address below. The email addresses [attorneyrequests@bmcjax.com](mailto:attorneyrequests@bmcjax.com) and [subponeas@bmcjax.com](mailto:subponeas@bmcjax.com) will be deactivated and the mailboxes will no longer be monitored. Please allow up to 30 days for a response. Please ensure that all requests include the necessary authorization details. This should consist of a HIPAA Form dated within the last 12 months, the Baptist location where the patient received care and include the patient's name, date of birth, date of service or date range, along with the invoice or account number. Also, please note that submitting multiple requests for the same documents may cause a delay or incur an applicable charge.

#### **Billing Records Requests**

##### **MAIL TO:**

Baptist Health System, Inc.  
PO Box 746630  
Atlanta, Ga 30374-6630

For any inquiries regarding a subpoena or requests for billing records, please contact 904-376-3708.

All requests for medical records must be made separately via fax or mail to the fax number or mailing address below. Payments related to medical record requests should also be sent to the address below. Please refrain from sending duplicate requests, as this will delay receipt of items requested.

#### **Medical Records Requests**

**FAX TO: (904) 202-5381 or**

##### **MAIL TO:**

Baptist Health System  
Release of Information  
PO Box 10757  
Jacksonville, FL 32247

For any inquiries pertaining to medical records requests, please contact 904-202-5380.

Thank you for your attention to this matter.

Baptist Health System