

GULF IMAGING

ASSOCIATES, PA

 a radiology partners practice

11034 Scarsdale Blvd, Ste A, Houston, TX 77089
281-481-1935 Office * 281-481-1992 Fax

Billing Records Requests:

Please go to www.ChartSwap.com, and search under **Singleton Associates** (*rather than under Gulf Imaging*). If you have trouble accessing the records, please call **Patient Services at 281-969-1741**, or email HospitalBilling@ausrad.com.

Medical Records and Image Requests:

➤ For HCA Houston Healthcare Southeast (formerly Bayshore Medical Center)

1. Please Download the Medical Release Request Form at:
<https://hcahoustonhealthcare.com/patients-and-visitors/medical-records.dot#medical-records>
2. Complete, sign and date the form. Be sure to have it signed by a Witness.
3. In order to validate your authorization, please provide a legible copy of a valid photo I.D (e.g., driver's license, military I. D. or state I.D.).
4. Please indicate the dates of services for which you are requesting and type of records needed.
5. If the patient is a minor, 17 years or younger, the request must be signed by a parent or his/her legally qualified representative. Proof of legal representation will be required.
6. Fax completed form to 1-855-519-9683 or email to HRSC.HCARecordRequest@HCAHealthcare.com.
7. If you are unable to fax or email your request, mail directly to the facility:

Attn: Medical Records
Melissa Monmouth, Director of Medical Records
HCA Houston Healthcare Southeast
4000 Spencer Hwy
Pasadena, TX 77504
713-359-1171 or 1-855-519-9682

Medical Records and Image Requests:

➤ For Houston Physicians Hospital (HPH)

1. Please Download the Medical Release Request Form at:
<https://www.houstonphysicianshospital.com/contact-us/request-medical-records/>
2. Complete, sign and date the form. Be sure to have it signed by a Witness.
3. In order to validate your authorization, please provide a legible copy of a valid photo I.D (e.g., driver's license, military I. D. or state I.D.).
4. Please indicate the dates of services for which you are requesting and type of records needed.
5. If the patient is a minor, 17 years or younger, the request must be signed by a parent or his/her legally qualified representative. Proof of legal representation will be required.
6. Fax completed form to 281-557-5687.
7. If you are unable to fax your request, mail directly to the facility:

Houston Physicians' Hospital
Attn: Medical Records
333 N. Texas Ave, Ste 1000
Webster, Texas 77598
281-557-5678