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| https://agilepm.myagilityapps.com/Image/Download/5006 Billing Offices:  2454 West Clay  St. Charles, MO 63301  Phone (636)916-4625 | | | | Medical Record Invoice | | | | |
| The following number must appear on all related correspondence, shipping papers, and invoices: Patient Record number: 15460 **PATIENT NAME: Example A**  **INVOICE DATE: 6/01/2014** | | | | | | | | |
| To: Legal Copy Services, Inc  PO Box 2845  Grand Rapids, MI 49501-2845 | | | Pay To: Excel Sports & Physical Therapy  PO Box 8542  Carol Stream, IL 60197 | | | | | |
| QTY | | UNIT | DESCRIPTION | | | | UNIT PRICE | TOTAL |
| 1 | | Flat Fee | Initial Records Request Fee | | | | $24.57 | $24.57 |
| ?? pages | | $0.56 per page | Fee per record page | | | | $0.56 | =0.56 x # of pages |
| 1 | | Flat Fee | Off Site Record Retrieval | | | | $23.00 | Add $23.00 if records stored off site. |
| 1 | | Flat Fee | Notary Fee | | | | $2.00 | Add $2.00 if notary fee is applicable. |
|  | |  | *Fees based on HB 351 for Missouri Updated 4/2016* | | | |  |  |
|  | | | | | | SUBTOTAL | | $Total of above amounts or $100 whichever is less |
|  | |  |
| TOTAL—Not to Exceed 107.67 | | $Sum of Subtotal and Postage |

Submitted By: Date

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