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| https://agilepm.myagilityapps.com/Image/Download/10 Northgate Plaza 15  Harmony, PA 16037-9257  Phone (724)-452-0683 Fax (724)-452-7243 | 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: Panther Physical Therapy  PO Box 536518  Pittsburgh, PA 15253-5907 |

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| --- | --- | --- | --- | --- | --- |
| QTY | UNIT | DESCRIPTION | | UNIT PRICE | TOTAL |
| 1 | Flat Fee | Initial Records Request Fee | | $27.48 | $27.48 |
| ?? pages | $1.46 per page | Fee for first 20 pages | | $1.46 | =1.46 x # of pages |
| ? pages | $1.08 per page | Fee for 21-60 pages | | $1.08 | =1.08 x # of pages |
| ? pages | $0.36 per page | Fee for pages 61+ | | $0.36 | =0.36x # of pages |
|  |  |  | |  |  |
|  | | | SUBTOTAL | | $Total of above amounts |
|  | |  |
| Postage: | | $Amount of postage paid to send records |
|  | |  |
| TOTAL | | $Sum of Subtotal and Postage |

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|  |  | Submitted by | Date |