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| https://agilepm.myagilityapps.com/Image/Download/27 7381 W 133rd Street  Suite 302  Overland Park, KS 66213  Phone (913)-904-1128 Fax (913)-851-5083 | 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** | |

|  |  |
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| To: Legal Copy Services, Inc  PO Box 2845  Grand Rapids, MI 49501-2845 | Pay To: Specialists in Sports and Orthopedic Rehabilitation  PO Box 204794  Dallas, TX 75320 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QTY | UNIT | DESCRIPTION | | UNIT PRICE | TOTAL |
| 1 | Flat Fee | Up to 10 pages | | $16.00 | $16.00 |
| 1 | Flat Fee | Fee for 10-20 pages | | $16.00 | $16.00 |
| 1 | Flat Fee | Fee for 21-50 pages | | $12.00 | $12.00 |
| 1 | Flat Fee | Fee for above 50 Pages | | $28.00 | $28.00 |
| ? # Pages | Per page | $0.35 per page over 50 | | $0.35 | =$0.35 X #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 |