

Centura Health
8140 S. Holly Street
Centennial, CO 80122

PLEASE DO NOT DISCARD

INITIAL CLAIM

and/or

MEDICAL RECORDS ENCLOSED

Date: 4/12/2023
Request Number: 66949764
Page Count: 1

Attached you will find either a Claim and Medical Records or Medical Records Only to assist in processing a claim already received for the following:

Patient Name: Theodore Angel
Medical Facility: St. Anthony North Hospital Legal Billing

Payor on file: Jonathan Madriz
Organization: Ramos Law/PORTAL

Medical Records retrieved and sent by:

MRO Corporation on behalf of Centura Health

March 30, 2023
St. Anthony North Family Medicine
ATTN: Medical Records and Billing Custodian
Fax #: (303) 430-5565
FROM: Jonathan Madriz jmadriz@ramoslaw.com
RE: Theodore James Angel
Date of Birth: September 15, 1975
Date of Loss: February 23, 2023
Phone Number: (303) 430-5560

Our office represents the above named individual regarding injuries suffered on February 23, 2023.

We are requesting that you provide us the following information associated with their treatment:

1. **Complete electronic file of medical records in CD form** including initial evaluation, treatment summary notes, referrals, prescriptions, laboratory and diagnostic testing recommendations and results, and all handwritten notes.
2. **A complete itemized billing statement for all charges** – including those that may have been paid – with CPT and ICD-10 codes.
3. **Please send dates from February 23, 2023 to present.**

I have enclosed a signed *authorization for release of medical records* allowing you to release this information. Please bill our office for charges associated with the forwarding of these documents. **If you require pre-payment, cd for electronic transfer or DropBox information please email me the bill or fax charges to 303-865-5666. Please contact our office if copy charges are to exceed \$50.00. We do not authorize any copies above this amount.**

If you are unable to comply with the thirty (30) day deadline for providing the requested medical records, we ask that you contact us in writing before the deadline expires. In your letter, you must provide a written statement of the reasons for the delay and the date by which you will provide the medical records. Under the HITECH Act, you are only provided one such extension of time.

If you have any questions concerning this request, please call me at (480) 877-9719 or e-mail jmadriz@ramoslaw.com. Thank you in advance for your assistance regarding this matter.

Sincerely,
Ramos Law
Jonathan Madriz

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize St. Anthony North Family Medicine

(Name of Facility)

to release medical information from the records of:

Patient Name: Theodore James Angel D.O.B. September 15, 1975 SS# 523-21-6442

Patient Street Address: 6002 Grape Dr Commerce City CO 80022

Date(s) of Treatment Requested: 02 23 2023 to present

Information to be disclosed (check all applicable items to be released):

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> ER Record | <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Treatment Plans |
| <input checked="" type="checkbox"/> Discharge Instructions | <input checked="" type="checkbox"/> X-Rays Reports | <input checked="" type="checkbox"/> Medication Records | <input checked="" type="checkbox"/> Commitment Papers |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Lab Reports | <input checked="" type="checkbox"/> Doctor's Orders | <input type="checkbox"/> HIV Testing |
| <input checked="" type="checkbox"/> Consultations | <input checked="" type="checkbox"/> EKG/ECG Tests | <input checked="" type="checkbox"/> Nurse's Notes | |
| <input checked="" type="checkbox"/> Operative Report | <input checked="" type="checkbox"/> Therapy Notes | | |
| <input checked="" type="checkbox"/> Other (please specify): <u>Itemized billing statement with CPT and ICD- 10 codes and Complete medical chart</u> | | | |

Purpose Or Need For the Disclosure Is:

☐ Continued Medical Care ☐ Insurance ☒ Legal ☐ Patient's Own Use ☐ Other _____

The Information May Be Disclosed To:

Ramos Law
10190 Bannock St., Suite 200
Northglenn, CO 80260
PH: (303) 733-6353
FX: (303) 865-5666

My refusal to sign this form will not adversely affect my ability to receive health care services, reimbursement for services, and enrollment in a health plan or my eligibility for health care benefits. However, information will not be released to the above-indicated recipient without my signature.

I acknowledge that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal Law.

I have the right to revoke this authorization by written notice to the Healthcare Provider listed above. I understand that actions taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

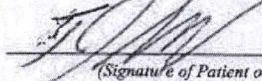
This authorization expires on: _____ or upon the following event: CASE SETTLEMENT

(Date)

(If no date is specified, this authorization will expire in six months from the date of signature).

I understand that the information in my medical record may include information relating to treatment of drug or alcohol abuse, mental health, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC) and/or human immunodeficiency virus (HIV).

Fees: I understand and agree that there may be costs associated with this request in compliance with State copying laws.


(Signature of Patient or Personal Representative*)

03/30/2023

(Date of Signature)

* If signed by a personal representative, a description of the representative's authority to act is as follows:



	Statement Date:	04/03/23
Acct # 1403129576	Total Charges \$346.00	Current Balance \$0.00

Addressee:

Theodore J Angel
5471 Rartain Way
DENVER, CO 80221

For Angel, Theodore J visit on 03/02/23 to St Anthony North 84th Ave Neighborhood Health Center, this reflects the total charges of \$346.00 as of 04/03/23 and the current balance for the visit is \$0.00. This is not a bill. This is an itemization of the services provided during your visit. Thank you for choosing Centura for your healthcare needs.

Questions? Call (888) 347-3295
Customer service representatives are available
8:00 AM to 5:00 PM (except holidays).

Coverage(s) on file
Medicaid - Colorado Medicaid

Statement Generated on: 04/03/23

Svc Dt	CPT(R) Code	Description	Rev Code	Qty	Amount
03/02/23	99214	Office/Outpatient Established Mod Mdm 30-39 Min		1	\$346.00

Professional Payments and Adjustments

Date	Description	Amount
	Medicaid Payments and Adjustments	-\$346.00