

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0408260612
Date: 03/ 22/ 2023
Customer #: 2296689

Ship to:
RAMOS LAW
RAMOS LAW
10190 BANNOCK ST
STE 200
NORTHGLENN,CO 80260-6083

Bill to:
RAMOS LAW
RAMOS LAW
10190 BANNOCK ST
STE 200
NORTHGLENN,CO 80260-6083

Records from:
NORTH SUBURBAN MEDICAL
CENTER
9191 GRANT STREET
THORNTON,CO 80229-4361

Requested By: RAMOS LAW
Patient Name: ANGEL THEODORE

DOB : 09/15/1975

Authorization Via: Date:
Pre-Authorization By: Amount:

Description	Quantity	Unit Price	Amount
Basic Fee			18.53
Retrieval Fee			0.00
Per Page Copy (Paper) 1	19	0.85	16.15
Per Page Copy (Paper) 2	10	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			36.68
Sales Tax			0.00
Invoice Total			36.68
Balance Due			36.68

Terms: Net 30 days Please remit this amount : \$36.68(USD)

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Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: <https://www.smartrequest.com/>

Invoice #: 0408260612

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.