



FAX

Correspondence

TO: Michel Estrada
ORGANIZATION: Ramos Law/PORTAL
FAX NUMBER: 13038655666
DATE / TIME: 2024/01/12 4:29:45 EST
SUBJECT: Invoice
FROM: Default OutboundFax
RETURN PHONE: (610) 994-7500

The information transmitted is intended only for the person or entity to which is addressed and may contain confidential and/or privileged material.

Any review, transmission, dissemination, or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this in error, please contact the sender and destroy the material.

MRO

1000 Madison Avenue, Suite 100
Norristown, PA 19403

PREPAYMENT REQUIRED**Invoice**

77407567

January 12, 2024



Phone: (610) 994-7500 Opt. 1

Fax: (610) 962-8421

Michel Estrada

Ramos Law/PORTAL

10190 Bannock St

Ste 200

Northglenn, CO 80260

You can track and pay for your request online at: www.roilog.com

On 12/20/2023 the following healthcare provider received your request for copies of medical records:

Medical Center of the Rockies

2500 Rocky Mountain Avenue

Loveland, CO 80538

You requested records for: **CUITLAHUAC AMBRIZ**

Your Reference ID:

MRO Request ID: 77407567

MRO Online Tracking Number: UCOH7WDEATLAN

Records consisting of more than 75 pages may
be sent on CD-ROM.Cancelled requests or unpaid invoices may be
subject to a cancellation fee.**PAYMENT**You may pay this invoice online at: www.roilog.com

This is your invoice for providing the copies of the medical records.

Fees

Search and Retrieval Fee:	\$18.53
Number of Pages:	244
Tier 1:	\$25.50
Tier 2:	\$116.28
Tier 3:	\$0.00
Media pages/materials:	0
Media Fee:	\$0.00
Certification Fee:	\$0.00
Adjustments:	\$0.00
Postage:	\$0.00
Sales Tax:	\$0.00
TOTAL:	\$160.31
Paid at Facility:	(\$0.00)
Paid to MRO:	(\$0.00)
BALANCE DUE:	\$160.31

You can send a check to:

MRO**P.O. Box 6410,****Southeastern, PA 19398-6410****MRO Tax ID (EIN): 01-0661910***Please write invoice # on the check or
return this invoice with the payment*

By proceeding with this order, you are representing that you: have reviewed, understood, and approved the charges; have agreed to pay them; and have agreed to the following terms. Any dispute relating to the charges in this invoice must be presented before proceeding with this order. Any dispute not so presented is waived. Presentation of a dispute must be made by telephone (610) 994-7500 Opt. 1. All disputes regarding the charges in this invoice, whether presented by you or by MRO, must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association (AAA). Your dispute will be resolved by the arbitrators, and not by a judge or a jury. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative or member of a class. An arbitrator may not consolidate your dispute with the dispute of anyone else nor preside over any form of class proceeding. Upon request by you at the time a dispute is presented, MRO will pay the AAA fee for arbitration of your dispute.

Please contact MRO at (610) 994-7500 Opt. 1 for any questions regarding this invoice.**MRO is the medical copy request processor for: Medical Center of the Rockies.**