

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

**CIOX**  
HEALTH  
**INVOICE**

Invoice #: 0466599827  
Date: 07/01/2024  
Customer #: 2296689

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

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

Records from:  
SCL LUTHERAN MED CENTER  
8300 W 38TH AVE  
WHEATRIDGE, CO 80333-6099

Requested By: RAMOS LAW  
Patient Name: ALVARADOTORRES NOEL

DOB : 08/25/1957

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.  
**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			18.53
Retrieval Fee			0.00
Per Page Copy (Paper) 3	10	0.00	0.00
Per Page Copy (Paper) 1	45	0.57	25.65
Per Page Copy (Paper) 2	30	0.85	25.50
Electronic Data Archive Fee			2.00
Subtotal			71.68
Sales Tax			0.00
Invoice Total			71.68
Balance Due			71.68

Please remit this amount : \$71.68(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 #:	0466599827
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](mailto:collections@cioxhealth.com).