



FAX

Correspondence

TO: Michel Estrada
ORGANIZATION: Ramos Law/PORTAL
FAX NUMBER: 13038655666
DATE / TIME: 2023/12/21 3:22:35 EST
SUBJECT: Notification
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



Phone: (610) 994-7500 Opt. 1
Fax: (610) 962-8421

Michel Estrada
Ramos Law/PORTAL
10190 Bannock St
Ste 200
Northglenn, CO 80260

Request ID: **77407567**
Tracking #: **UCOH7WDEATLAN**

Track your request at **www.roilog.com**
Enter your Tracking # and Request ID.

Date: 12/21/2023
Phone: 720-536-4373
Fax: 303-865-5666

Confirmation of Receipt of Medical Records Information Request

The Medical Facility below is in the process of searching for and retrieving a copy of the requested records. You will be notified if there are any issues with your request. If there are no issues, you may receive a pre-payment invoice. The records will be sent to you upon receipt of your payment if your Request is subject to being invoiced.

MRO is processing your request in accordance with state & federal laws and regulations. Please notify the patient that the provision of treatment, payment, enrollment, or eligibility for benefits will not be conditioned on the elements of the authorization provided or your request for copies of the patient's records, unless permitted under 45 CFR 164.508(c)(2)(ii)(A)-(B).

Should you have any questions, please feel free to contact MRO directly regarding this request by dialing (610) 994-7500 Opt. 1 or by submitting an email to Requestinformation@mrocorp.com. To help us better assist you, please be sure to include your Request ID in the subject line of your email.

Thank You,
MRO

Patient Name: **CUITLAHUAC AMBRIZ**
Your Reference Number:

Your Request Date: 11/29/2023
Date Received at Facility: 12/20/2023

Your request is being processed by MRO on behalf of the following facility:

Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538