

Zycus PO# 1000020040

Ciox Health
P.O. Box 409875
Atlanta, GA 30384-9875
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0248727220
Date: 6/27/2018
Customer #: 1817680

Ship to:

QUALITY MANAGEMENT DEPT
AMERIHEALTH CARITAS LA
PO BOX 83580
BATON ROUGE, LA 70884-3580

Bill to:

QUALITY MANAGEMENT DEPT
AMERIHEALTH CARITAS LA
PO BOX 83580
BATON ROUGE, LA 70884-3580

Records from:

TULANE UNIVERSITY HOSPITAL CL
1415 TULANE AVENUE
NEW ORLEANS, LA 70112

Requested By: AMERIHEALTH CARITAS
Patient Name: LOUISCHARLES DARSEY

DOB: 040712
CLAIM NUMBER: 91021194

Description	Quantity	Unit Price	Amount
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			
Basic Fee			25.50
Retrieval Fee			0.00
Per Page Copy (Paper) 1	13	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			27.50
Sales Tax			2.75
Invoice Total			30.25
Balance Due			30.25
Pay your invoice online at https://paycioxhealth.com/pay/			
Please remit this amount : \$ 30.25 (USD)			

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Check # _____

Payment Amount \$ _____

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: edelivery.cioxhealth.com

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.