

## Invoice for Medical Records

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

We have received your request for your medical records. To cover the cost of copying and mailing, state law provides for a charge of 75 cents per page plus postage.

We accept credit cards or cash for this service. Sorry, no checks.

### CHARGE FOR YOUR RECORDS

COPYING \_\_\_\_\_ PAGES @ \$0.75 \_\_\_\_\_

POSTAGE \_\_\_\_\_

TOTAL \_\_\_\_\_

### PAYMENT INFORMATION

PAYMENT  Visa  MasterCard  Cash

CARD NUMBER \_\_\_\_\_ CVC\* \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

\*The CVC is the three-digit verification code at the end of the signature block on the back of your card.