CORRECTHEALTH

Medical Records Invoice

Requested By:_____

Address:_____

City:_____ _State:_____ Zip:_____

Phone: ( )_____

Date:_____

Records For:_____

ID#_____

Facility:_____

Quantity	Description	Unit Price	Total
	Administrative Costs	$25.88	
	Certification Fee	$9.70	
	Copying cost per page (1 - 20)	$0.97	
	Copying cost per page (21 - 100)	$0.83	
	Copying cost per page (100+)	$0.66	
		Sub-Total:	
		Total:	

Office Use Only: **Payment Received_____ By_____**

Records Mailed_____ By_____

(Please detach and mail the below portion with your payment to :)

CorrectHealth
3384 Peachtree Rd NE, Suite 700
Atlanta, GA 30326
ATTN: Medical Records

Facility:	
Requestor:	
Records For:	
Date:	
Amount Due:	
Amount Enclosed:	

Please make money orders payable to CorrectHealth, LLC
Thank You!

M-07D-090101