



# ADVANCEDUROLOGYASSOCIATES

## MEDICAL RECORD COPY CHARGES/INVOICE

Make checks payable to Advanced Urology Associates  
Credit cards are accepted over the phone. Please call (815) 409-4977

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Acct #: \_\_\_\_\_

<b>Fees for copies of Medical Records maintained electronically</b>			
	<b>Charges for patient or personal representative access</b>	<b>Charges for third-party access</b>	<b>Charges for outside physician offices</b>
Record requests for paper or electronic copies of less than 13 pages	No Charge	No Charge	No Charge
Record requests for paper or electronic copies of more than 13 pages	\$6.50	\$6.50	No Charge
<b>TOTAL DUE =</b>	\$ _____	\$ _____	No Charge

<b>Fees for copies of Medical Records maintained on paper</b>			
	<b>Charges for patient or personal representative access</b>	<b>Charges for third-party access</b>	<b>Charges for outside physician offices</b>
<b>Handling Fee</b>	No Charge	<b>\$27.91</b>	No Charge
<b>Per-Page Charges</b>			
Pages 1-25 = \$1.05 per page # of pages _____	No Charge	\$ _____	No Charge
Pages 26-50 = \$0.70 per page # of pages _____	No Charge	\$ _____	No Charge
Pages 51 – end = \$0.35 per page # of pages _____	No Charge	\$ _____	No Charge
<b>TOTAL DUE =</b>	No Charge	\$ _____	No Charge