286 16th Street
Burlington, CO 80807
Telephone # (719) 346-5311
Fax # (719) 346-5550

Kit Carson County Health Service District

FAX

To:		From:	Director of Health Information
Fax:		Total # Pages:	
Phone:		Date Faxed:	
Re:		Phone:	719-346-4770

ITIMIZED BILL FOR RECOVERY OF REASONABLE COST

Date: _____

To: _____

From: Kit Carson County Health Service District

Patient Name: _____MR# _____

Dates of Service: _____

Reproduction costs:

0-5 pages, No charge

€ 6-15 pages—10.00 fee $ _____

€ >15 pages—$10.00 + $0.25 per page (# pages _____) $ _____

Other costs: _____ $ _____

_____ $ _____

Total Costs: $ _____

Please make check payable to Kit Carson County Health Service District, Attention: Business Office. Pre-Payment is required for all medical records requests.

Medical records will be mailed upon receipt of the above amount.

Medical records are enclosed