

LEGAL BILLING RECORDS INVOICE
(For Personal Injury Cases)

LAW FIRM/RECORDS SERVICE: _____

ORDER #: _____ CONTACT PERSON: _____

Please forward the following information with payment, and we will begin to process your request. Your records will be processed upon receipt of all required information.

CLIENT/PATIENT NAME: _____ DATE: _____

>>>> ALL REQUESTS MUST BE MADE OUT TO UT PHYSICIANS TO BE PROCESSED.<<<<

Our office DOES NOT process requests for MEDICAL RECORDS

- Patient's Account/MRN Number(s): _____
- Patient's Date of Birth: ____/____/____ SSN: _____-____-_____
- Dates of Service Requested: Any and All From ____/____/____ to ____/____/____
- Patient Authorization (or) Statement of Assurance Need Amended: Subpoena (and/or) Affidavit
- Letter of Representation from Attorney (or) Letter from Attorney authorizing Record Service to obtain billing records
- Pre-Payment * All out-of-town record service companies must pre-pay.
* All attorney offices/insurance companies must pre-pay.

MAKE CHECK PAYABLE AND MAIL TO:

**UT PHYSICIANS
6410 Fannin, Suite 1500
Houston, TX 77030
ATTN: Legal Billing**

Total Included: _____

**** FEES ****

\$25.00 – BILLING RECORDS – 1ST 20 PAGES, (.50 cent each additional page) – Fifteen day turn around

Additional forms requiring our completion – charges listed as follows:

AFFIDAVITS: \$15.00 QUESTIONS: \$15.00 – each set – Direct, Re-Direct, and Cross Questions

RUSH fees are additional: \$50.00 – Five day turn around \$100.00 – 24 hour turn around

TIME FRAME BEGINS when WE RECEIVE ALL required documentation and LOG IN prepayment.

Please allow the specified time frame (listed above) for your records to be processed.

***** FEES FOR A RECORD SEARCH ARE NON-REFUNDABLE *****

IF NO RECORDS ARE LOCATED, AN AFFIDAVIT OF NO RECORDS WILL BE PROVIDED.