Community Hope Christian Counseling

Medical Records Fees Form

Patient Name: _____

DOB: _____

Date Requested: _____

Requested by: Patient ☐ Other ☐ _____

_____

Delivery Method:

Mail ☐ Address: _____

Fax ☐ Number: _____

Please Note

All fees must be paid in full prior to our office sending out any medical records. Attach a copy of invoice with payment please.

Base Fee (Includes first 10 pages)		$25.00
From 11-21 pages [$1.00]	$1.00 X _____pages	$_____
From 22-50 pages [$0.75]	$0.75 X _____pages	$_____
51 or more pages [$0.25]	$0.25 X _____pages	$_____
TOTAL		$_____

6728 Vining Rd, Greenville, MI
(616)225-8220 (616)225-8226 www.communityhopehouse.org