

REQUEST FOR COPIES

To Insurance Company, Attorney or others who request copies.

INSURANCE CO. _____

Date: _____

RE: Patient: _____

To Whom It May Concern:

Enclosed are copies you requested of all bills and reports on the above-mentioned patient. There is also a copy of the ledger sheet showing payments and balance. It is only reasonable that we should expect reimbursement from your office, for our time and costs of reproducing copies of written or typed documents.

Our office charges: \$ _____ per page for written documents. Should you have access to statutory rules or regulations that require different than what we request, please supply that documentation to us, along with your payment for the requested documents.

Total number of pages prepared for you at your request are: _____

Total charges @ \$ _____ per page for the enclosed copies are \$ _____

Upon receipt of this amount, I will be happy to submit all copies that you have requested.

If you have any questions concerning this letter and/or anything else, please do not hesitate to call.

Thank You, Sincerely,

Therapist or Company: _____ License #: _____

Facility: _____

Address: _____

Phone: _____ Fax: _____ Email: _____