

Date: _____

To: _____

RE: Records Request for _____

We have received your request for Medical Records for the above named patient.
Please return this form with your payment. Once payment is received, we will send out the records.

Clerical Fee	\$28.00
Envelope	\$0.29 per envelope
Photocopy (Black & white copy, standard 8.5x11)	\$1.24 for the first thirty (30) pages, \$0.94 for all pages after.
US Postage/delivery cost	Actual cost of postage
Scanned Copies	\$0.94
Transmission of records via electronic format	\$0.94
Digital media storage or devices (CD)	\$0.94
Records uploaded to email/cloud base/other electronic delivery	\$0.94

TAX RATES APPLY:

Tumwater: 9.4%
Olympia: 9.4%
Lacey: 9.4%
Centralia: 8.2%
Tacoma: 10.3%

Total amount: \$ _____

Thank you for your prompt attention.

Sincerely,

Medical Records Department
Tax ID# 47-2330607
CC: Patient File