

## **SB 173 – Medical Records Amendments**

The purpose of this legislation is to allow patients access to their medical records, at a reasonable cost, whether requested directly by the patient/individual, or through their designated legal representative/attorney.

This bill will allow individuals access to their personal medical records, which they legally entitled to, whether requested by themselves or their legal representatives/attorneys, as follows:

- Provides to ***all other individuals*** one **electronic copy** at a flat fee of **\$25.00**, regardless of whether it is requested by the patient/individual or their legal representatives/attorneys.
  - Currently, medical providers can charge by the page for electronic medical records, even though they don't keep physical files, are not printing the pages, and do not have to photocopy the record page by page.
  - Today most, if not all, medical providers already have all their records available in electronic format and can make them available for a patient at the push of a few buttons.
- Prohibits medical record retrieval companies from taking advantage of the system by charging excessive fees for medical records when only requested in electronic format and when the request comes from a legal representative/attorney.
- Provides to “***needs based***” individuals one **free** copy of their electronic medical records each calendar year.
  - Need based individuals include Social Security disability and indigent claimants who are unable to pay for a medical records fee.
  - In some cases, Social Security disability claimants cannot get medical records because of costs and are unable to get an attorney for representation for lack of medical records.

### **Background**

Individuals have a legal right to their medical records, sometimes referred to as “protected health information” or “PHI”. Historically, when records were requested by a patient or their legal representative, a medical records custodian would have to locate the physical file and photocopy the same, at great time and expense. With modern technology, the vast majority of records are now kept electronically facilitating quick and efficient retrieval. Rather than photocopying hundreds/thousands of pages one at a time, the same medical records can now be easily placed on a CD or e-mailed to the patient.

Medical records are often required for individuals to make legal claims. In many cases, the injured and/or disabled are physically unable to request their medical records themselves. While a patient/individual can typically request their medical records free of charge, a myth has been perpetuated by medical record retrieval companies that if the request is made by a legal representative/attorney, it is okay for the legal representative/attorney to be charged significant amounts of money. But the legal representative/attorney is then forced to pass the costs associated with obtaining these records onto the patient/client.

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**ciox**  
HEALTH  
**INVOICE**

Invoice #:

Date:

**08/17/2020**

Customer #:

Ship to:

LARREAU AND LYTHGOE PC

Bill to:

LARREAU AND LYTHGOE PC

Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: MOUNTAIN VIEW LAW GROUP

DOB :

Patient Name:

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 2	40	0.27	10.80
Per Page Copy (Elect) 1	2729	0.17	463.93
Subtotal			496.34
Sales Tax			35.98
Invoice Total			532.32
Balance Due			532.32

Terms: Net 30 days      Please remit this amount : **\$532.32(USD)**

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
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1-800-367-1500

Get future medical records as soon as they are processed,  
by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

Invoice #:

Check #

Payment Amount \$

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

**Ciox Health**

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX  
HEALTH  
INVOICE**

Invoice #:

Date:

**09/14/2020**

Customer #:

Ship to:

MOUNTAIN VIEW LAW GROUP

Bill to:

MOUNTAIN VIEW LAW GROUP

Records from:

OGDEN REGIONAL MEDICAL CNTR  
5475 SOUTH 500 EAST  
OGDEN, UT 84405

Requested By: MOUNTAIN VIEW LAW GROUP

DOB :

Patient Name:

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 2	40	0.27	10.80
Per Page Copy (Elect) 1	1477	0.17	251.09
Electronic Data Archive Fee			2.00
Subtotal			285.50
Sales Tax			20.70
Invoice Total			306.20
Balance Due			306.20
<b>Terms: Net 30 days      Please remit this amount : \$306.20(USD)</b>			

**Ciox Health**

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Atlanta, Georgia 30384-9740  
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1-800-367-1500

Get future medical records as soon as they are processed,  
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Register at: <https://edelivery.cioxhealth.com>

Invoice #:

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX  
HEALTH  
INVOICE**

Invoice #: [REDACTED]

Date: **11/27/2020**

Customer #: [REDACTED]

## Ship to:

LOWRANCE LUNDELL LOFGREN  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

## Bill to:

LOWRANCE LUNDELL LOFGREN  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

## Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: LOWRANCE LUNDELL LOFGREN

DOB: [REDACTED]

Patient Name: [REDACTED]

Per your request, please let this serve as your fee approval notice for medical records requested from the facility listed above. If you would like to approve this amount please contact a Ciox Health representative at 800-367-1500. If you would like to pay electronically, please go to <https://paycioxhealth.com/pay/>.

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Paper) 2	40	0.54	21.60
Per Page Copy (Paper) 1	1624	0.33	535.92
Shipping			61.88
Subtotal			641.01
Sales Tax			41.99
Invoice Total			683.00
Balance Due			683.00

**RECEIVED**  
DEC 04 2020  
LOWRANCE LUNDELL LOFGREN

**Please remit this amount : \$683.00(USD)**

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Get future medical records as soon as they are processed, by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

Invoice #: [REDACTED]

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

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Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

**Ciox Health**

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX  
HEALTH  
INVOICE**

Invoice #:

Date:

**02/20/2020**

Customer #:

## Ship to:

Candace Belcher  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

## Bill to:

Candace Belcher  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

## Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: LOWRANCE LUNDELL LOFGREN

DOB:

Patient Name:

Per your request, please let this serve as your fee approval notice for medical records requested from the facility listed above. If you would like to approve this amount please contact a Ciox Health representative at 800-367-1500. If you would like to expedite delivery of your request, please go to <https://paycioxhealth.com/pay/> to pay electronically.

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Paper) 2	40	0.54	21.60
Per Page Copy (Paper) 1	1737	0.33	573.21
Shipping			63.21
Certification Fee			10.00
Subtotal			689.63
Sales Tax			44.69
Invoice Total			734.32
Balance Due			734.32

**RECEIVED**  
FEB 24 2020  
LOWRANCE LUNDELL LOFGREN

**Please remit this amount : \$734.32(USD)**

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
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Register at: <https://edelivery.cioxhealth.com>

Invoice #:

Check #

Payment Amount \$

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Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

PREPAYMENT REQUIRED

**MRO**

1000 Madison Avenue, Suite 100  
Norristown, PA 19403

**Invoice**

23156410  
August 23, 2018



Phone: (610) 994-7500 Opt. 1  
Fax: (610) 962-8421

**Izamar Espinoza**

Lowrance, Lundell & Lofgren, P.C.  
1218 S Jordan Parkway  
Suite B  
South Jordan, UT 84095

On 8/13/2018 the following healthcare provider received your request for copies of medical records:

**Jordan Valley Medical Center-West Valley Campus**  
3460 South Pioneer Parkway  
West Valley City, UT 84120

You requested records for: [REDACTED]

This is your invoice for providing the copies of the medical records.

Your Reference ID:

MRO Request ID: 23156410

MRO Online Tracking Number: IAHCBGWR436DW

You can track and pay for your request online at:

**www.roilog.com**

Records consisting of more than 75 pages may  
be sent on CD-ROM.

Cancelled requests or unpaid invoices may be  
subject to a cancellation fee.

**Fees**

Search and Retrieval Fee:	\$21.16
Number of Pages:	2170
Tier 1:	\$21.20
Tier 2:	\$681.60
Tier 3:	\$0.00
Media pages/materials:	0
Media Fee:	\$0.00
Certification Fee:	\$0.00
Adjustments:	\$0.00
Postage:	\$31.84
Sales Tax:	\$48.14
TOTAL:	\$803.94
Paid at Facility:	( \$0.00)
Paid to MRO:	( \$0.00)
<b>BALANCE DUE:</b>	<b>\$803.94</b>

You may pay this invoice online at:

**www.roilog.com**

You can send a check to:

**MRO**

P.O. Box 6410,  
Southeastern, PA 19398-6410

MRO Tax ID (EIN): 01-0661910

Please write the Invoice # on the check or  
return this invoice with the payment.

**PAYMENT**

By paying this invoice, you are representing that you: have reviewed, understood, and approved the charges; have agreed to pay them; and have agreed to the following terms. Any dispute relating to the charges in this invoice must be presented before paying this invoice. Any dispute not so presented is waived. Presentation of a dispute must be made by telephone (610) 994-7500 Opt. 1. Upon presentation of a dispute, your payment of the invoice will be noted as made under protest pending resolution of the dispute presented. All disputes regarding the charges in this invoice, whether presented by you or by MRO, must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association (AAA). Your dispute will be resolved by the arbitrators, and not by a judge or a jury. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative or member of a class. An arbitrator may not consolidate your dispute with the dispute of anyone else nor preside over any form of class proceeding. Upon request by you at the time a dispute is presented, MRO will pay the AAA fee for arbitration of your dispute.

**Please contact MRO at (610) 994-7500 Opt. 1 for any questions regarding this invoice.**  
**MRO is the medical copy request processor for:**  
**Jordan Valley Medical Center-West Valley Campus.**



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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX**  
HEALTH  
INVOICE

Invoice #: [REDACTED]  
Date: **01/17/2020**  
Customer #: [REDACTED]

Ship to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

Bill to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: DEWSNUP KING OLSEN ET AL  
Patient Name: [REDACTED]

DOB: [REDACTED]

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 2	40	0.27	10.80
Per Page Copy (Elect) 1	5134	0.17	872.78
Electronic Data Archive Fee			2.00
Subtotal			907.19
Sales Tax			70.31
Invoice Total			977.50
Balance Due			977.50

Please remit this amount : **\$977.50(USD)**

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Register at: <https://edelivery.cioxhealth.com>

Invoice #: [REDACTED]

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

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Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

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Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX**  
HEALTH  
INVOICE

Invoice #: [REDACTED]  
Date: **11/20/2019**  
Customer #: [REDACTED]

Ship to:  
DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

Bill to:  
DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

Records from:  
INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: DEWSNUP KING OLSEN ET AL  
Patient Name: [REDACTED]

DOB: [REDACTED]

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 2	40	0.27	10.80
Per Page Copy (Elect) 1	6038	0.17	1,026.46
Electronic Data Archive Fee			2.00
Subtotal			1,060.87
Sales Tax			82.22
Invoice Total			1,143.09
Balance Due			1,143.09

Please remit this amount : **\$1,143.09(USD)**

**Ciox Health**  
P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Get future medical records as soon as they are processed, by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

Invoice #:	[REDACTED]
Check #	_____
Payment Amount \$	_____

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**Ciox Health**

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX  
HEALTH  
INVOICE**

Invoice #:

Date:

04/04/2020

Customer #:

## Ship to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

## Bill to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

## Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By:

DEWSNUP KING OLSEN ET AL

DOB:

Patient Name:

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 2	40	0.27	10.80
Per Page Copy (Elect) 1	6808	0.17	1,157.36
Electronic Data Archive Fee			2.00
Subtotal			1,191.77
Sales Tax			92.36
Invoice Total			1,284.13
Balance Due			1,284.13

Please remit this amount : \$1,284.13(USD)

**Ciox Health**

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

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Invoice #:

Check #

Payment Amount \$

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1-800-367-1500

**CIOX**  
HEALTH  
**INVOICE**

Invoice #: [REDACTED]

Date: **10/22/2020**

Customer #: [REDACTED]

## Ship to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

## Bill to:

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

## Records from:

INTERMOUNTAIN HEALTHCARE  
4646 W LAKE PARK BLVD  
WEST VALLEY CITY, UT 84120-8212

Requested By: DEWSNUP KING OLSEN ET AL  
Patient Name: [REDACTED]

DOB: [REDACTED]

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Elect) 1	7673	0.17	1,304.41
Per Page Copy (Elect) 2	40	0.27	10.80
Electronic Data Archive Fee			2.00
Subtotal			1,338.82
Sales Tax			103.76
Invoice Total			1,442.58
Balance Due			1,442.58

Please remit this amount : **\$1,442.58(USD)**

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Invoice #: [REDACTED]

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

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by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

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Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX**  
HEALTH  
INVOICE

Invoice #: [REDACTED]  
Date: **06/27/2019**  
Customer #: [REDACTED]

Ship to:  
LOWRANCE LUNDELL LOFGREN  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

Bill to:  
LOWRANCE LUNDELL LOFGREN  
LOWRANCE LUNDELL LOFGREN  
1099 W SOUTH JORDAN PKWY  
SOUTH JORDAN, UT 84095-8809

Records from:  
INTERMOUNTAIN HEALTHCARE  
1136 S 3600 WEST  
SUITE 100  
SALT LAKE CITY, UT 84104

Requested By: LOWRANCE LUNDELL LOFGREN  
Patient Name: [REDACTED]

**RECEIVED**

JUL 03 2019

**LOWRANCE LUNDELL LOFGREN**  
Per your request, please let this serve as your fee approval notice for medical records requested from the facility listed above. If you would like to approve this amount please contact a Ciox Health representative at 800-367-1500. If you would like to expedite delivery of your request, please go to <https://paycioxhealth.com/pay/> to pay electronically.

Description	Quantity	Unit Price	Amount
Basic Fee			21.61
Retrieval Fee			0.00
Per Page Copy (Paper) 1	4095	0.33	1,351.35
Per Page Copy (Paper) 2	40	0.54	21.60
Shipping			96.48
Certification Fee			10.00
Subtotal			1,501.04
Sales Tax			101.11
Invoice Total			1,602.15
Balance Due			1,602.15

Please remit this amount : **\$1,602.15(USD)**

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Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Get future medical records as soon as they are processed,  
by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

Invoice #:	<span style="background-color: black; color: black;">[REDACTED]</span>
Check #	_____
Payment Amount \$	_____

**Please return stub with payment.**

Please include invoice number on check.  
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**CIOX**  
HEALTH  
**INVOICE**

Invoice #: [REDACTED]  
Date: **10/20/2020**  
Customer #: [REDACTED]

**Ship to:**

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

**Bill to:**

DEWSNUP KING OLSEN ET AL  
DEWSNUP KING OLSEN ET AL  
36 S STATE ST  
STE 2400  
SALT LAKE CITY, UT 84111-1800

**Records from:**

YUMA REGIONAL MEDICAL CENTER  
2400 S AVENUE A  
YUMA, AZ 85364-7127

**Requested By:** DEWSNUP KING OLSEN ET AL  
**Patient Name:** [REDACTED]

**DOB:** [REDACTED]

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

**FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS**

Description	Quantity	Unit Price	Amount
Basic Fee			20.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	3405	0.60	2,043.00
Per Page Copy (Paper) 2	50	0.80	40.00
Per Page Copy (Paper) 3	50	1.10	55.00
Electronic Data Archive Fee			2.00
Subtotal			2,160.00
Sales Tax			167.40
Invoice Total			2,327.40
Balance Due			2,327.40

**Please remit this amount : \$2,327.40(USD)**

**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Get future medical records as soon as they are processed,  
by signing up for secure electronic delivery.  
Register at: <https://edelivery.cioxhealth.com>

Invoice #: [REDACTED]

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).

**Ciox Health**

P.O. Box 409740  
 Atlanta, Georgia 30384-9740  
 Fed Tax ID 58 - 2659941  
 1-800-367-1500

**CIOX**  
 HEALTH  
**INVOICE**

Invoice #: [REDACTED]

Date: **10/14/2020**

Customer #: [REDACTED]

**Ship to:**

Amanda Corey  
 REICHERT ARMSTRONG ATTYS AT  
 LA  
 118 BELMONT RD  
 GRAND FORKS,ND 58201-4651

**Bill to:**

Amanda Corey  
 REICHERT ARMSTRONG ATTYS AT  
 LA  
 118 BELMONT RD  
 GRAND FORKS,ND 58201-4651

**Records from:**

GILLETTE CHILDRENS SPECIALTY  
 200 UNIVERSITY AVE E  
 SAINT PAUL,MN 55101-2507

**Requested By:** REICHERT ARMSTRONG ATTYS AT LA**DOB :** [REDACTED]**Patient Name:** [REDACTED]

Per your request, please let this serve as your fee approval notice for medical records requested from the facility listed above. If you would like to approve this amount please contact a Ciox Health representative at 800-367-1500. If you would like to pay electronically, please go to <https://paycioxhealth.com/pay/>.

Description	Quantity	Unit Price	Amount
Basic Fee			19.19
Retrieval Fee			0.00
Per Page Copy (Paper) 1	10224	1.44	14,722.56
Electronic Data Archive Fee			2.00
Subtotal			14,743.75
Sales Tax			0.00
Invoice Total			14,743.75
Balance Due			14,743.75

**Please remit this amount : \$14,743.75(USD)**

**Ciox Health**

P.O. Box 409740  
 Atlanta, Georgia 30384-9740  
 Fed Tax ID 58 - 2659941  
 1-800-367-1500

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 Register at: <https://edelivery.cioxhealth.com>

Invoice #: [REDACTED]

Check # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).