

Metro Spine & Rehab, P.A.
Joseph F. Galate, MD

Phone **913.387.2800**
Fax **913.387.2970**

Date:
TO:

RE: Photocopying of Medical Records

Patient: _____

Account # _____

Our office policy is to collect pre-payment for copies of medical records. Our administrative fee is \$15.00 plus .37 cents per page.

Administrative Fee \$15.00

Pages @ .37 cents ea. _____

Notarization Fee of Affidavit
(if applicable) _____

Copies of X-rays (\$10 ea.) _____

Total Due: _____

Signed: _____
Medical Records Clerk

Please remit payment to: Metro Spine & Rehab, P.A.
10777 Nall Ave., Suite 120
Overland Park, KS 66211
Tax ID # 20-8521339

(Please contact our office to process payment with credit card)