

MUST receive billing records request and required fee to be valid for processing

>>>>>>>>> All requests "MUST" be made out to **UT Physicians ONLY** <<<<<<<<<<

*Our office **DOES NOT** process requests for **MEDICAL RECORDS***

All requests must include the following for processing:

CLIENT/PATIENT NAME: _____

- Patient's Date of Birth: ____/____/____ and/or Patient's Account MRN/Number(s): _____
- Dates of Service requesting: Any and All From ____/____/____ to ____/____/____
- Patient Authorization (or) Statement of Assurance
- Letter of Representation from Attorney (or) Letter from Attorney authorizing Record service to obtain billing records
- Pre-Payment * **must receive pre-payment and request to be valid for processing** *

MAKE CHECK PAYABLE AND MAIL TO:

Mail Prepayment fee with your billing records request

**UT PHYSICIANS
6410 Fannin, Suite 1500
Houston, TX 77030**

Send your request for billing records to address listed above along with the required fees.

****FEES'S ****

\$25.00- BILLING RECORDS

Additional forms requiring our completion - charges listed as follows:

AFFIDAVITS: \$15.00 QUESTIONS: \$15.00 - each set - Direct, Re-Direct and Cross Questions

No RUSH fees and/or Requests offered at this time

*******FEES ARE NON-REFUNDABLE*******

IF NO RECORDS ARE LOCATED AN AFFIDAVIT OF NO RECORDS WILL BE PROVIDED