



West Horizon Medical Center

395 N. Silverbell Rd, Suite 245 Tucson AZ 85745

Tel: (520) 622-7675 Fax: (520) 628-1024

Charges for Medical Records

Release of Medical Records

Today's Date: ___ / ___ / _____

Patient Name: _____ DOB: ___ / ___ / _____

Released to:

Charges

Attorneys: \$50 (50 pages or less), \$100 (more than 50 pages)

Insurance Companies: \$50 (50 pages or less), \$100 (more than 50 pages)

Patients: \$10 for the 1st 5 pages and \$0.50 for each additional page

Amount Due \$ _____

Remit to

West Horizon Medical Center
Attn: Medical Records
395 N. Silverbell Rd, Suite 245
Tucson, AZ 85745

Please make check payable to: *West Horizon Medical Center*