



West Horizon Medical Center

1601 N. Tucson Blvd, Ste 18 Tucson AZ 85716

Tel: (520) 622-7675 Fax: (877) 870-9161

Charges for Medical Records

Release of Medical Records

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Released to: _____

Charges:

Attorneys: \$100 (50 pages or less), \$200 (more than 50 pages)

Insurance Companies: \$100 (50 pages or less), \$200 (more than 50 pages)

Patients: \$20 for the 1st 5 pages and \$1 for each additional page

Amount Due \$ _____

Remit to:

West Horizon Medical Center
1601 N. Tucson Blvd, Ste 18
Tucson, AZ 85716

Please make check payable to: West Horizon Medical Center