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Prepared: 12/12/17

SAMPLE FORMS DR0041  
C-9

**Sample Invoice – HITECH Patient Record Duplication**

Date: \_\_\_\_\_  
Name of Firm/Requester: \_\_\_\_\_  
Attn: \_\_\_\_\_

To Whom It May Concern:

We have processed your request. Enclosed you will find an itemized statement for services rendered by a faculty physician or staff of \_\_\_\_\_ for dates of service indicated.

Patient Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Fees:  
HiTech Request Labor Fee                   \$ \_\_\_\_\_ (This must be a "reasonable amount." See Note, below)  
Total Due:                                       \$ \_\_\_\_\_

Please return with a copy of this letter to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_

**NOTE:** This is a sample of a recent billing statement provide by a healthcare provider pursuant to the Federal HITECH legislation ("electronic" transfer of records). For further information regarding electronic requests for records under "HITECH" please see the blog on this website from November 13, 2016. It should be noted that the "rates" for labor associated with fulfilling a HITECH request may vary depending upon the nature of work actually performed and the type of requested items. Contributors at this website can provide further information relating to compliance with HITECH.

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