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**INVOICE for Duplication of Healthcare Information**

Patient Name:

Date of Birth:

Reference of Chart Number:

1. **Non-Workman’s Compensation Related:**

Standard duplication fee: $20.00 \*

Certification fee: $8.00

pages x $1.00 (1-25 pages)

pages x $0.75 (25-50 pages)

pages x $0.50 (51-100 pages)

pages x $0.30 (101 pages and above)

X-ray film ($10.00/image)

1. **Workman’s Compensation Related:**

pages x $0.45 (1-50 pages)

pages x $0.25 (51 pages and above)

Postage cost

Applicable taxes

**Total Amount Due $**

Please make payment to:

Tax Identification Number:

**PLEASE NOTE**: This information has been disclosed to requesting party from healthcare treatment records that may be protected by state and federal confidentiality rules. Such rule prohibit requesting party from making any further disclosure of protected information unless further disclosure is expressly permitted by the written consent of the person(s) to whom it pertains, or is otherwise permitted under applicable state in federal rules or laws.

(\*Based on fees in effect in Chap. 146, Wis. Stats. At the time of form creation.)