



BLUE STAR IMAGING | AT THE STAR
3800 GAYLORD PARKWAY | SUITE 150 | FRISCO, TEXAS 75034
PHONE: 972.497.4100 | FAX: 972.497.4104

ADDRESS OF REQUESTER

DATE OF INVOICE _____

MEDICAL & BILLING RECORDS REQUEST

PATIENT NAME _____

DOB: _____ **PID:** _____

Our office received a request for Medical Records for the patient referenced above, please note the following fees associated for all requests. Identify applicable fees and return this form with payment.

ITEM	FEE	QTY	TOTAL
MEDICAL OR BILLING RECORDS (EACH)	\$25.00		
EXECUTION OF AFFIDAVITS & DEPOSITION (PER AFFIDAVIT)	\$15.00		
CD WITH IMAGES	\$15.00		
TOTAL PAYMENT INCLUDED			

PAYMENT MUST BE RECEIVED PRIOR TO DOCUMENT RELEASE

If payment is NOT received in 30 days, a new request must be submitted.

Make checks payable to Blue Stone JV. Remit payment to the address below:

Blue Star Imaging At THE STAR (Tax ID: 812480586)
Attention: **MEDICAL RECORDS**
3800 Gaylord Parkway, Suite 150
Frisco, Texas 75034