

Midwest Medical Associates L.L.C
800 Austin Street, Suite 369
Evanston, IL 60202
847.316.44455

Date: _____

Dear _____

Enclosed are copies of Medical Records consistent with your request for patient, _____ . In the event that this office is in possession of other records of information that by statute or by law requires additional authorization from the patient to release and no explicit release has been received, these records or information have not been made available. An invoice is included for the cost of reproducing these records for you. Please send payment to the above address.

Illinois State Law provides that medical record fee are as follows: \$20.48 handling fee, plus per page fee of .75 cents for pages 1-25, .51 cents for pages 26-50, and .26 cents for pages 51+

Sincerely,

Cc: patient's File
Attached Records
Enclosed Invoice