

PREPAYMENT REQUIRED

IRM
5633 Doolittle Rd,
Jacksonville, FL 32254

Cost Estimate*
[REDACTED]
July 10, 2020



Phone: 904-695-1604
Fax: 904-693-6441

[REDACTED]
Center for Litigation Support
4912 Creekside Dr.
Clearwater, FL 33760

On 6/29/2020 the following healthcare provider received your request for copies of medical records:

[REDACTED]

You requested records for: [REDACTED]

This is your invoice for providing the copies of the medical records.

Your Reference ID:

IRM Request ID: [REDACTED]

IRM Online Tracking Number: [REDACTED]

You can track and pay for your request online at:

irm.roilog.com

Records consisting of more than 75 pages may be sent on CD-ROM.

Cancelled requests or unpaid invoices may be subject to a cancellation fee.

*** The page count listed is an estimate of the number of pages required to fulfill your request. If the final cost is greater, you will receive a second invoice. If the final cost is less, you will receive a refund.**

By paying this invoice, you are representing that you: have reviewed, understood, and approved the charges; have agreed to pay them; and have agreed to the following terms. Any dispute relating to the charges in this invoice must be presented before paying this invoice. Any dispute not so presented is waived. Presentation of a dispute must be made by telephone 904-695-1604. Upon presentation of a dispute, your payment of the invoice will be noted as made under protest pending resolution of the dispute presented. All disputes regarding the charges in this invoice, whether presented by you or by IRM, must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association (AAA). Your dispute will be resolved by the arbitrators, and not by a judge or a jury. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative or member of a class. An arbitrator may not consolidate your dispute with the dispute of anyone else nor preside over any form of class proceeding. Upon request by you at the time a dispute is presented, IRM will pay the AAA fee for arbitration of your dispute.

Fees

Search and Retrieval Fee:	\$2.00
Number of Pages:	40245
Tier 1:	\$40245.0
Tier 2:	\$0.00
Tier 3:	\$0.00
Media pages/materials:	0
Media Fee:	\$0.00
Certification Fee:	\$0.00
Adjustments:	\$0.00
Postage:	\$1.15
Sales Tax:	\$2464.70
TOTAL:	\$42712.8
Paid at Facility:	(\$0.00)
Paid to IRM:	(\$0.00)
BALANCE DUE:	\$42712.8

You may pay this invoice online at:

irm.roilog.com

You can send a check to:

IRM c/o Med Rec Payments
P.O. Box 6700,
Southeastern, PA 19398-6700
IRM Tax ID (EIN): 23-2588479

Please write the invoice # on the check or return this invoice with the payment.

PAYMENT

Please contact IRM at 904-695-1604 for any questions regarding this invoice. IRM is the medical copy request processor for:

[REDACTED]