

[Date]

[Requesting Attorney Name or Agency]

[Law Firm or Department Name]

[Street Address]

[City, State, Zip Code]

**RE: Notice of Processing Fees for Subpoenaed Medical Records**

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Subpoena/Reference Number: [Case Number]

Dear [Contact Name],

We have received your subpoena for the medical records of the above-named patient. Please be advised that in accordance with state and federal regulations, a processing fee is required before the records can be released.

The total charges for this request are as follows:

- Basic Retrieval/Search Fee: \$[Amount]
- Per Page Fee ([Number] pages at \$[Price]): \$[Amount]
- Shipping/Postage: \$[Amount]
- **TOTAL AMOUNT DUE: \$[Total]**

Please make checks payable to **[Facility Name]** and remit payment to the address listed below:

[Facility Name]

Attn: Medical Records Department

[Mailing Address]

[City, State, Zip Code]

Upon receipt of payment, the requested records will be processed and forwarded to your office via [Delivery Method]. If you prefer to receive these records electronically, please contact us at [Phone Number] to provide a secure email or fax number.

If payment is not received within [Number] days, we will consider this request inactive.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Phone Number]