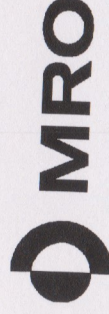


MRO

1000 Madison Avenue, Suite 100
Norristown, PA 19403

Verification Needed

21776295
May 18, 2018



Phone: (610) 994-7500 Opt. 1
Fax: (610) 962-8421

Jeffrey Bodin

528 Beau Chene Drive
Mandeville, LA 70471

Reference ID:

MRO Request ID: 21776295

MRO Online Tracking Number: ILPH4G5GR32T6

On 5/17/2018 the following healthcare provider received your request for copies of medical records:
Children's Hospital of New Orleans
200 Henry Clay
New Orleans, LA 70118

You requested records for: JEFFREY BODIN

Fees

| | |
|---------------------------|---------------|
| Search and Retrieval Fee: | \$0.00 |
| Number of Pages: | 71 |
| Tier 1: | \$6.50 |
| Tier 2: | \$0.00 |
| Tier 3: | \$0.00 |
| Media pages/materials: | 0 |
| Media Fee: | \$0.00 |
| Certification Fee: | \$0.00 |
| Adjustments: | \$0.00 |
| Postage: | \$0.00 |
| Sales Tax: | \$0.00 |
| TOTAL: | \$6.50 |
| Paid at Facility: | (\$0.00) |
| Paid to MRO: | (\$0.00) |
| BALANCE DUE: | \$6.50 |

PAYMENT:

You may pay this invoice online at:

www.roilog.com

You can send a check to:

MRO

P.O. Box 6410,

Southeastern, PA 19398-6410

MRO Tax ID (EIN): 01-0661910

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

VERIFICATION NEEDED

MRO processes requests for copies of medical records on behalf of your healthcare provider.

Your request for medical records has yielded 71 pages of records. In order to process your request in compliance with HIPAA, we need to verify that you requested these records and that the address listed above is correct. (See 45 CFR § 164.514).

To verify your request information, please pay the balance due. Federal and state laws permit healthcare providers and companies like MRO to charge patients a "reasonable, cost-based fee" for copies of their medical records. (See 45 CFR § 164.524(c)(4)). You may pay the balance on the invoice by check by sending payment to MRO, P.O. Box 6410, Southeastern, PA 19398-6410 or online using a credit card at www.roilog.com. If you have any questions, please call MRO at (610) 994-7500 Opt. 1.

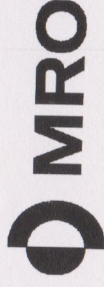
If you want to modify your request, please check the modification option on the next page and submit a revised request that is more specific as to which parts (e.g., tests, progress notes, etc.) or dates of service you would like to have sent to you along with this form by fax to (610) 962-8421, via email at RequestInformation@MROCorp.com, or by U.S. mail to MRO, 1000 Madison Avenue Suite 100, Norristown, PA 19403.

If you want to cancel your request, please check off the cancellation option below and send this form to MRO by fax to (610) 962-8421 or email RequestInformation@MROCorp.com, or by U.S. mail to MRO, 1000 Madison Avenue Suite 100, Norristown, PA 19403. 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 (610) 994-7500 Opt. 1. 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 MRO, 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, MRO will pay the AAA fee for arbitration of your dispute.

Please contact MRO at (610) 994-7500 Opt. 1 for any questions regarding this invoice.
MRO is the medical copy request processor for:
Children's Hospital of New Orleans



Verification Needed



MRO Request ID: 21776295

Patient: JEFFREY BODIN

If you want to alter your request for medical records, please choose from the following:

Please modify my request for records. Please note a modification to your request may result in a change to the amount that you are being charged for these records.

Patient Name: _____ D.O.B.: ____/____/____

Patient Street Address: _____

City: _____ State: _____ Zip Code: _____

Date(s) of Treatment Requested: _____

Information to be disclosed (check all applicable items to be released):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> ER Record | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Discharge Instructions | <input type="checkbox"/> X-Ray Reports | <input type="checkbox"/> Medication Records | <input type="checkbox"/> Commitment Papers |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Doctor's Orders | <input type="checkbox"/> HIV Testing |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> EKG/ECG Tests | <input type="checkbox"/> Nurse's Notes | |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Therapy Notes | | |
| <input type="checkbox"/> Other (please specify): | | | |

Please cancel my request for records.

Fees: I understand and agree that there may be costs associated with this request in compliance with HIPAA.

(Signature of Patient or Personal Representative*) (Date of Signature)

*If signed by a personal representative, a description of the representative's authority to act is as follows:

- | | | |
|--|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Health Care Power of Attorney |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Executor of Estate | <input type="checkbox"/> Next of Kin |
| | | <input type="checkbox"/> Beneficiary |

If you do not contact MRO, your records will be released to you 30 days from the invoice date listed on page 1 of this Verification Needed form in accordance with 45 CFR § 164.524.

Late Payment of Invoice Balance

If MRO does not receive payment for the balance on your invoice for your records, we may submit your invoice to collections.

Please send this form to MRO:

By Fax: (610) 962-8421 By Email: RequestInformation@MROCorp.com By mail: MRO
1000 Madison Avenue, Suite 100
Norrstown, PA 19403