



First Coast Billing Group
11655 Central parkway suite 305
Jacksonville, FL 32224
www.firstcoastbillinggroup.com

Itemized Billing Records Request Form

Cost/Authorization

I understand that an administrative fee applies for copying of financial records:

\$25.00 per each patient. Please Fax Completed Form to 1-888-325-7377.

I hereby authorize the use and/or disclosure of medical billing records:

Name of Requester: _____ Date: _____

Signature: _____

Requesters Information

Name of Organization	
Name of Contact	
Email	
Address	
Phone Number	
Fax	

Patient Identifier

Patients Name	
Account #	
SSN and/or Dob	
Date(s) of service	
Doctor office or Hospital services were rendered	

Requested Documents

Failure to provide all necessary information may invalidate this Request.

- Completed Medical Billing request form
- Signed HIPPA form by patient or Power of Attorney