invoice

URGENT CARE
covenant clinics

Covenant Clinics, LLC
3961 E. Lohman Avenue
Suite # 33
Las Cruces, NM 88011
575.556.0200 voice
www.covenantclinics.com
cmo@covenantclinics.com
575.556.0201 fax

PATIENT LAST NAME:
PATIENT FIRST NAME:
DATE OF BIRTH (DD/MM/YYYY):
SOCIAL SECURITY NUMBER:
DATE(S) OF SERVICE:
TELEPHONE CONTACT:
E-Mail:

Date of INVOICE:
Due upon receipt

Invoice Subtotal
Tax Rate (GRT 7.5625%)
Invoice Total
Total Amount Due
Amount Paid

check appropriate box	Description	Amount
☐	ELECTRONIC MEDICAL RECORD ($10.00)	
☐	CD OF RADIOGRAPH DICOM IMAGES ($10.00)	
☐	COPY OF PHOTOGRAPHS ($20.00)	
☐		
	Subtotal	
	Tax	
	Total	

Patients are entitled to a copy of the original chart and x-ray images when requested, but must pay for the duplication service, and patients (or legal guardian or parent) must sign request for copies, due to privacy of information laws. Payment must be received in clinic before copies are released.

Duplication/printing of records or radiographs generally requires one full business day turnaround time; copies of color photograph images requires one business week turnaround time.

Thanks for letting us serve you!