



First Coast Billing Group, Inc.

Fees/Authorization:

I understand that an administrative fee of \$25 per patient (regardless of the number of accounts) applies to cover the labor costs for the providing/copying of billing records, or completion of balance inquiry forms. Fax this completed form to 1-888-325-7377.

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

Name of Requestor: _____

Date: _____

Signature: _____

Requestor Information:

Name of Organization: _____

Name of Contact: _____

Contact Email: _____

Contact Phone: _____

Contact Fax: _____

Patient Identifier:

Patient Name: _____

SSN and/or DOB: _____

Date(s) of Service: _____

Provider or Facility Name: _____

Work Order #/ File #: _____

Additional Requested Documents:

Signed HIPPA by patient or power of attorney



11655 Central Parkway, Suite 305
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(800) 266-9945