Billing Records Request Form

Sunset Billing Archive · Records Custodian for Closed Physician Practices

> **Before you begin.** Use this form to request **billing and account records only** (ledgers, payment history, balances, appointment history). We do not hold clinical records, original claims, EOBs, or ERAs. **Do not write Social Security numbers anywhere on this form.** Include a copy of your government-issued photo ID. If you are requesting for someone else, include your proof of authority (power of attorney, letters testamentary, guardianship order, or birth certificate for a minor).

1. Who is requesting

☐ The patient ☐ Parent or legal guardian ☐ Attorney or legal representative

☐ Executor or personal representative

Your full name _____

Relationship to patient (if not the patient) _____

Your phone _____

Your email _____

Organization / firm (attorneys and representatives) _____

2. Patient and practice

Patient full legal name (as it appeared on the practice's records) _____

Patient date of birth _____

Other names the patient may have used (maiden name, etc.) _____

Patient's address at the time of treatment _____

Practice name and city _____

Dates of service (from – to) _____

3. What you need

☐ Itemized ledger ☐ Payment history ☐ Balance verification ☐ Appointment history

☐ Reconstructed CMS-1500 (if available)

4. Scope of this request

☐ All billing records for the dates of service above

☐ Limit to a specific payer, injury, or case (complete below)

Payer or case type (workers' comp, auto/PI, health plan, Medicare/Medicaid, self-pay, other)

Payer or carrier name

Claim or case number (if known)

Date of injury (if applicable)

Injury, condition, or body part the request is limited to

5. Delivery

- [ ] U.S. mail to the address on file with the practice
- [ ] U.S. mail to a different address (documentation of address change required)
- [ ] Fax to a healthcare or legal office (number verified by callback)
- [ ] Encrypted email (address verified by callback)

Delivery address, fax number, or email

6. Attestation and signature

I confirm that I am the patient or am legally authorized to receive this patient's billing records, that the information on this form is accurate, and I understand that identity verification documents are required before records are released and that a reasonable, cost-based copy fee may apply.

Signature

Date

Send to: Sunset Billing Archive, c/o The Buckson Group, LLC, 2624 Timber Dr, Suite 151, Garner, NC 27529 · **Fax:** 888-518-4948. Write the patient's name and date of birth on the fax cover sheet. We respond to complete requests within 30 days.