



City of San Antonio Fire Department
315 S. Santa Rosa Avenue, Suite 2000 San Antonio Texas, 78207
Phone: (210) 207-4974 or (210) 207-4975
EMS Record Request Form



REQUESTOR INFORMATION

Today's Date: ____/____/____

Please print the required information below:

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Incident Date: ____/____/____ To ____/____/____ Time: _____

Patient's Name: _____ EMS Case # _____

Date of Birth: ____/____/____ Social Security Number (Last 4 digits) _____

Location of Incident: _____

Please check all items that you are requesting:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical Record | <input type="checkbox"/> Billing Record | <input type="checkbox"/> Affidavit (s) |
| <input type="checkbox"/> Other: () Cross Questions | () Deposition Questions | () Written Questions |
| () Negative Affidavit | () Negative Questions | () Other _____ |

*To assist in expediting the delivery of records, **send your check** along with your request. If a check isn't sent along with the request, you will be invoiced for the corresponding amount. Costs are below. Circle only one:*

<u>Record</u>	<u>Cost</u>	<u>Record</u>	<u>Cost</u>	<u>Record</u>	<u>Cost</u>
Medical Only	\$ 11.55	Medical & Affidavit	\$ 17.55	Medical & Affidavit & Other (1)*	\$ 21.30
Billing Only	\$ 26.35	Billing & Affidavit	\$ 32.35	Billing & Affidavit & Other (1)*	\$ 36.10
Medical & Billing	\$ 26.65	Medical & Billing & Affidavits	\$ 32.65	Medical & Billing & Affidavits & Other (1)*	\$ 36.40

* For any Additional Other, add \$3.75.

** In the event your request can't be completed, a base service fee may be applied.

To help avoid any additional delays, please make sure to include all the required items.

CHECK LIST

- EMS Record Request Form
- Medical Authorization Form or Subpoena
- Self addressed stamped envelope
- Check submitted in the correct amount
(Please call our office if amount isn't listed).

For Office Use Only