



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:

Company Requesting's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Incident Date: ___/___/___ To ___/___/___

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:

- Medical Record
 Billing Record
 Affidavit (s)
 Questions: () Written Deposition Questions () Cross Questions () Other _____

<u>Record</u>	<u>Cost</u>	<u>Record</u>	<u>Cost</u>	<u>Record</u>	<u>Cost</u>	<u>Record</u>	<u>Cost</u>
Medical Only**	\$ 6.50	Medical & Affidavit	\$ 12.50	Medical & Questions	\$ 16.25	Medical, Affidavit & Questions (1)*	\$ 17.25
Billing Only	\$ 3.75	Billing & Affidavit	\$ 9.75	Billing & Questions	\$ 13.50	Billing, Affidavit & Questions (1)*	\$ 14.50
Medical & Billing	\$ 10.25	Medical, Billing & Affidavits(2)	\$ 17.25	Medical, Billing & Questions(2)	\$ 21.00	Medical, Billing, Affidavits(2) & Questions (2)	\$ 23.00

* For any Additional Notary Signature after the first, add \$1.00.

** In the event the records you requested cannot be found, there will be no charge for the request. The exception is if you are seeking negative Affidavit or Written Questions, the Notary Charge will still apply.

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

***For Billing Account Balances contact our third-party billing office, Business and Professional Services, at (210) 227-7252**

This box is for Office use only.