Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear ROI Service Area Staff:

Attached is a copy of the R.O.I. request for

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This request was recently received at the following UW Medicine entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are required to act on this authorization by processing the request and forwarding the copies to the patient/requestor within 15 working days of the Date of Receipt of this Request, which occurred on (Please indicate date request was received)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ This request is for treatment purposes and therefore please send the information directly to the requestor and the receiving entity does not need a response back of the number of needed pages sent for invoicing.

Please respond back by indicating below if you have any Protected Health Information on this patient, including the ***total number of copies that was processed***. We need this information in order to create a single UW Medicine invoice for the patient. ***Notify us even if you do not have*** ***any Protected Health Information***. Forward the following summary information to first receiving entity’s location listed above that will be responsible for all the billing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Recipient, Please Check Box for Applicable Entities** | **UW Medicine Entity** | Address | **Telephone Number** | Fax Number | **Secondary Entities, Please Enter Number of Pages/Copies Processed** |
|  | **Harborview Medical Center & Clinics****University of Washington Medical Center – Montlake Campus & Clinics****UWNC (UW Neighborhood Clinics)****Hall Health Center** | 325 9th AveBox 359738Seattle, WA 98104 | 206-744-9000 | 206-744-9997  |  |
|  | **University of Washington Medical Center – Northwest Campus** | 1550 N. 115th St.,Mail Stop 358828Seattle, WA 98133  | 206-668-1616 | 206-668-1920 |  |
|  | **Valley Medical Center & Clinics** | Release of Information400 S. 43rd StreetBox 50010Renton, WA 98058 | 425-251-5159   | 425-656-4026 |  |
|  | **University of Washington Physicians (UWP) Billing**  | Box 359110701 5th Ave, Ste 700Seattle, WA 98104 | 206- 543-8606 | 206- 520-3200 |  |
|  | **Patient Financial Services** | Box 359435Seattle, WA 98195 | 206-598-1950 | 206-598-2360 |  |

If you have any questions please contact this Health Information Management/ROI Service Areas (Medical Records Department) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_