

TEXAS CIVIL PRACTICES AND REMEDIES CODE SECTION 18.001 MEDICAL RECORDS
AFFIDAVIT

AFFIDAVIT OF CUSTODIAN OF MEDICAL/BILLING RECORDS

HEALTHCARE PROVIDER: _____

PATIENT: _____

BEFORE ME, the undersigned authority, personally appeared _____ (NAME OF AFFIANT), who, being by me duly sworn, deposed as follows:

My name is _____ (NAME OF AFFIANT). I am of sound mind and capable of making this affidavit.

I am the person in charge of records of the above referenced health care provider. Attached to this affidavit are records that provide an itemized statement of the service and/or the charge for the service that the above referenced health care provider provided to patient from **[KEYBOARD DOA]** to _____ (DATE). The attached records are a part of this affidavit.

I have checked or circled the type of records being included with this affidavit:

_____ Medical Records _____ Billing Records

The attached records are kept by me in the regular course of business. The information contained in the records was transmitted to me in the regular course of business by the above referenced health care provider or an employee or representative of the above referenced health care provider who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or an exact duplicate of the original.

The service provided was necessary and the amount charged for the service was reasonable at the time and place that the service was provided.

FOR BILLING RECORDS:

The total amount of the charges is: \$ _____

The amount adjusted or written off is: \$ _____

The amount paid by insurance on behalf of patient is: \$ _____

The amount paid by the patient is: \$ _____

The balance due on the account is: \$ _____

AFFIANT

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20____.

(seal)

NOTARY PUBLIC, STATE OF TEXAS

Printed Name of Notary Public:

My Comm. Exp. _____