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BILL TO:

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INVOICE #: 59584

INVOICE DATE: 2015-03-17

Email: maxrae.atty@comcast.net

Fax Number: 15033635424

MEASURE: SB 710
 EXHIBIT: 16
 SENATE HUM SER & EARLY CHLD
 DATE: 3/19/15 PAGES: 1
 SUBMITTED BY: Max Rae

REQUESTER INFORMATION

Patient Name Last, First	Facility Name	Requester ID
	NWHS	

PAYMENT TERMS: Due Upon Receipt

# of Pages	Description	Amount
12	Regular/Bonus - State Regulated fee's for health Information requested	\$36.00

DELIVERY METHOD: * Not selected \$0.00

TOTAL: \$36.00

All invoices are payable upon receipt.

A \$10 late charge will be assessed for all invoices over 30 days past due. Invoices not paid within 90 days will be subject to collections.

To pay the invoice visit www.dbshealth.com or send payment to DBS, PO BOX 267, BEND, OR 97709.

EMAIL DELIVERY: If you have provided DBS with an email address on your request, we have published a secure email link to the information. You will receive an email from "records@dbshealth.com" with your user name and a temporary password to access this information (be aware to check your spam folder if you don't see the email).

For customer service please contact status@dbshealth.com or (888)297-2550.
 THANK YOU FOR YOUR PROMPT PAYMENT, HAVE AN EXTRAORDINARY DAY!!