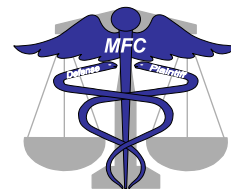


# SCANNING REQUEST

Online Request: [www.medfileco.com](http://www.medfileco.com)



Request Date: \_\_\_\_\_

Number of Files: \_\_\_\_\_

Name _____	Phone _____
Company _____	Fax _____
Address _____	Email _____
City/State _____	Zip _____
Other Contact Information _____	

## SCANNING LEVEL

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Scanning</b> – Scan all files into electronic folders.<br>Documentation is separated according to client requirements.  | <b>\$0.17/page</b>                      |
| <input type="checkbox"/> <b>Scanning – Provider/Facility</b> - Scan all files into electronic folders.<br>Documentation and Billing is organized by Provider/Facility.<br>Documentation is separated according to client requirements.  | <b>\$0.25/page</b>                      |
| <input type="checkbox"/> <b>Scanning – Provider/Facility in Chronological Order</b> - Scan all files into electronic folders. Documentation and Billing is organized in chronological order by Provider/Facility.<br>Duplicates are removed and placed in separate folders.<br>Documentation is separated according to client requirements. | <b>\$0.34/page</b>                      |
| <input type="checkbox"/> <b>OCR – (Optical Character Recognition)</b> - Upon request.   | <i>Additional</i><br><b>\$0.08/page</b> |
| <input type="checkbox"/> <b>Bate Stamp:</b> Upon request.   | <b>\$0.03/page</b>                      |

Special Instructions:

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