

Date

Name

Address

City, State Zip Code

RE:    Claim Number:  
      Policy Number:  
      Insured:  
      Claimant:  
      Date of Loss:  
      Your Patient:  
      Patient's Acct#:

Dear Sirs:

A claim has been presented to our company by \_\_\_\_\_ for injuries sustained as a result of an accident on \_\_\_\_\_. Please forward to my attention a copy of all existing medical documentation in your file regarding this patient and detailed billing of services rendered to this patient. A signed medical authorization form is enclosed. The patient's date of birth is \_\_\_\_\_ and their social security number is: \_\_\_\_\_.

Also, please provide a statement of charges for the photocopying of these records. Payment will be made promptly upon receipt. Please be advised in compliance with the New York Public Health Law, there is a maximum charge per page that may be charged for these records. If you have any questions regarding this request, you may call me at my office number Mondays through Fridays during my regular business hours of 8:00 a.m. to 4:30 p.m. You may also leave me a voice mail message and I will return your call as soon as possible.

Very truly yours,

Name

Title