

Letter of Medical Report Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Medical Report for Insurance Purposes

Dear [Insurance Company Contact/Claims Adjuster Name],

I am writing to formally request a detailed medical report regarding my health status and treatment received, which is necessary for processing my insurance claim.

My details are as follows:

- Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Claim Number: [Your Claim Number]
- Date of Birth: [Your Date of Birth]

The medical report should include the following information:

- Date of Service
- Diagnosis and Treatment Provided
- List of Medications Prescribed
- Any Recommended Follow-up

Please send the requested medical report to my address listed above or via email at [Your Email Address] at your earliest convenience. Should you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]