

Medical Records Request Denial

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you that your request for medical records has been denied due to outstanding balances on your account. According to our policy, all financial obligations must be settled before we can release any medical records.

As of today, your outstanding balance is [Insert Amount]. We encourage you to contact our billing department to discuss payment options and resolve any issues related to your account.

Once the balance is settled, you may submit another request for your medical records, and we will process it promptly.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Contact Information]