

Medical Records Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an update to my medical records pertaining to my recent treatment. This information is required for insurance purposes as I am in the process of filing a claim.

My details are as follows:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Insurance Policy Number: [Your Policy Number]

Please find attached any forms or documentation required for processing this request.

I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

[Your Name]