

Medical Record Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a copy of my medical records for the purpose of insurance processing. I require these records to ensure my claims are appropriately managed.

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Insurance Policy Number: [Your Policy Number]
- Contact Information: [Your Phone Number or Email]

Please send the medical records covering the period from [Start Date] to [End Date]. I appreciate your prompt assistance with this matter, as timely access to these records is crucial for my ongoing treatment and insurance claims.

Thank you for your attention to this request. If you need any more information or documentation, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]