

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a copy of my medical history for insurance purposes. As I am in the process of filing a claim, the insurance company requires detailed documentation of my medical background.

Please include any pertinent information regarding my diagnoses, treatments, and medications. My personal details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- 
- Date of last visit: [Last Visit Date]

Thank you for your attention to this matter. I appreciate your prompt assistance.

Sincerely,

[Your Name]