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

[Date]

[Custodian of Records/Medical Records Department]
[Facility Name]
[Facility Address]
[City, State, Zip Code]

RE: Request for Medical Records for Insurance Claim

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number: [Number if known]
Dates of Service: [From Date] to [To Date]

Dear Medical Records Department,

I am writing to formally request a copy of the medical records for the patient listed above. These records are required to support an insurance claim with [Name of Insurance Company].

Please provide the following documents:

- Progress notes and physician reports
- Diagnostic test results (Labs, X-rays, MRI/CT reports)
- Discharge summary
- Itemized billing statement
- [Specify any other specific documents needed]

I have enclosed a signed HIPAA-compliant authorization form allowing the release of these records to me. Please inform me in advance if there are any duplication fees associated with this request.

Please send the records to the address listed at the top of this letter or via secure email at [Your Email Address].

Thank you for your prompt attention to this matter. If you have any questions, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosure: Signed Medical Records Release Authorization