

[Date]

[Provider Name or Facility Name]

[Billing Department Address]

[City, State, Zip Code]

RE: Request for Itemized Billing and Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

Claim Number: [Workers Comp Claim Number]

To Whom It May Concern,

Please provide a complete itemized billing statement and all corresponding medical records for services rendered to the above-named patient regarding their Workers' Compensation claim for the following date(s) of service: [Service Dates].

The itemized statement must include:

- Specific dates of service
- CPT, HCPCS, or Revenue codes
- ICD-10 diagnosis codes
- Description of services
- Total billed charges
- Payments or adjustments received to date

I have enclosed a signed HIPAA-compliant authorization form for the release of these records. Please send the requested documentation via [Mail/Fax/Email] to the address listed below:

[Your Name/Company Name]

[Mailing Address]

[Phone Number]

[Fax Number/Email Address]

If there is a fee for processing this request, please notify me in advance. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]