

[Your Name/Department]
[Your Organization Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Title/Provider Name]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

RE: FINAL NOTICE - Outstanding Clinical Records

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date(s) of Service: [DOS]
Reference/Case Number: [Reference Number]

Dear [Recipient Name],

This letter serves as a final formal request for the clinical records mentioned above. Despite our previous requests sent on [Date of First Request] and [Date of Second Request], we have not yet received the required documentation.

These records are essential for [Purpose: e.g., continuity of care, insurance adjudication, legal compliance, or quality audit]. Please provide the following missing documents immediately:

- [Specific Document 1]
- [Specific Document 2]
- [Specific Document 3]

Failure to provide these records within [Number] business days may result in [Consequence: e.g., denial of reimbursement, referral to compliance, or termination of the request].

Please submit the records via [Submission Method: e.g., Secure Fax at (000) 000-0000 or Secure Portal Link].

If you have already sent these records, please disregard this notice. For any questions, please contact me directly at [Your Phone Number] or [Your Email].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]