

[Your Name/Department]
[Facility Name]
[Date]

[Recipient Name/Physician Name]
[Department/Clinic Name]

RE: SECOND NOTICE - OVERDUE MEDICAL RECORDS

Dear [Recipient Name],

This letter is a formal follow-up regarding outstanding medical documentation that remains incomplete. Our records indicate that the following files are currently past the required submission deadline:

- Patient Name: [Patient Name] | Date of Service: [Date] | Document Type: [e.g., Discharge Summary]
- Patient Name: [Patient Name] | Date of Service: [Date] | Document Type: [e.g., Operative Report]
- Patient Name: [Patient Name] | Date of Service: [Date] | Document Type: [e.g., Progress Notes]

Timely completion of these records is essential for patient care continuity, billing accuracy, and compliance with facility regulations. Please ensure all dictated or handwritten notes are finalized and signed within [Number] business days.

If you have already completed these files or believe this notice is in error, please contact the Health Information Management (HIM) department immediately at [Phone Number].

Thank you for your prompt attention to this administrative matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]