

[Date]

[Recipient Name/Medical Records Department]

[Provider/Facility Name]

[Address Line 1]

[City, State, Zip Code]

RE: Formal Audit Request for Complete Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Account/Claim Number: [Number]

Date(s) of Service: [Dates]

To Whom It May Concern,

Pursuant to [State/Federal Regulation or Contract Agreement], this letter serves as a formal request for a third-party billing audit of the medical records associated with the aforementioned dates of service. We are conducting this audit to verify that the clinical documentation accurately supports the levels of service, procedures, and supplies billed on the itemized statement.

Please provide a complete copy of the medical chart, including but not limited to:

- Physician's orders and progress notes
- Nursing notes and flow sheets
- Diagnostic test results (Laboratory, Radiology, Imaging)
- Operative and anesthesia reports
- Medication Administration Records (MAR)
- Discharge summaries
- Itemized billing statements

Attached you will find a signed Authorization for Release of Health Information (HIPAA) executed by the patient. Please provide these records within [Number] days of receipt of this request.

Records should be delivered via [Secure Email/Fax/Mail] to:

[Audit Company Name]

Attn: [Auditor Name]

[Address]

[Email/Phone Number]

Thank you for your prompt cooperation.

Sincerely,

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