

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email]

[Date]

[Custodian of Records/Billing Department Name]  
[Name of Medical Facility/Hospital]  
[Address of Facility]

**RE: REQUEST FOR MEDICAL RECORDS AND BILLING STATEMENTS**

Patient Name: [Patient Full Name]  
Date of Birth: [Patient Date of Birth]  
Social Security Number (Optional/Last 4): [XXX-XX-XXXX]  
Dates of Service: [From Date] to [To Date]

To Whom It May Concern,

I am writing to formally request a complete copy of my medical records and itemized billing statements for the treatment received during the dates of service mentioned above.

Specifically, please provide the following evidence:

- Complete medical chart (including physician notes, diagnostic reports, and discharge summaries).
- Radiology/Imaging reports and actual films/CDs (if applicable).
- Laboratory and test results.
- Itemized billing statements showing all charges, payments, and insurance adjustments.
- Pharmacy and medication logs.

I am requesting these records for [State Reason, e.g., personal use, legal evidence, or insurance claim]. I have attached a signed HIPAA authorization form to this letter to permit the release of this information.

If there is a fee for copying and mailing these records, please notify me of the total cost before processing this request. Please deliver the records via [Email/Secure Portal/Physical Mail].

Thank you for your prompt attention to this matter. I look forward to receiving these documents within [Number] business days as per state/federal regulations.

Sincerely,

[Your Signature]

[Your Printed Name]