[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Medical Provider Name]
[Facility Name]
[Facility Address]

RE: Medical Records Request for Deceased Insured

Deceased Name: [Deceased Full Name]
Date of Birth: [DOB]
Date of Death: [DOD]
Social Security Number/Patient ID: [ID Number]

To Whom It May Concern,

I am writing to formally request a complete copy of the medical records for the above-mentioned deceased individual. I am requesting these records in my capacity as the [Legal Relationship, e.g., Executor of Estate / Next of Kin] for the purpose of [Reason, e.g., processing an insurance claim].

Please provide records covering the period of [Start Date] to [End Date], including but not limited to:

- Physician notes and consultation reports
- Diagnostic test results and lab reports
- Discharge summaries
- Billing statements

Attached to this letter, please find the following supporting documentation:

- A certified copy of the Death Certificate
- Letters of Testamentary / Court Appointment documents
- A signed Authorization for Release of Information

Please inform me if there are any duplication fees associated with this request. You may send the records to the address listed at the top of this letter.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]