[Attorney Name/Law Firm Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Subrogation Department/Recovery Unit]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Representation and Request for Itemized Statement

Client/Insured: [Client Name]
Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Loss/Injury: [Date]

To Whom It May Concern:

Please be advised that this office has been retained to represent [Client Name] in connection with injuries sustained on the date referenced above. We are currently pursuing a claim against a third party for damages resulting from this incident.

We are aware of your potential right to subrogation or reimbursement for medical benefits paid on behalf of our client. By this letter, we request that you provide us with a detailed, itemized statement of all medical benefits paid to date that are related specifically to the injuries sustained on [Date of Loss].

Furthermore, we request that you provide a copy of the Summary Plan Description (SPD) and the Master Plan Document. This information is necessary to verify your subrogation rights under ERISA or other applicable laws.

Please direct all future correspondence regarding this matter to my office. Do not contact our client directly. We will contact you once the third-party claim reaches a resolution to discuss any valid lien or reimbursement interest.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Printed Name of Attorney]