

[Your Name/Law Firm Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Medical Provider Name]
[Billing Department Address]
[City, State, Zip Code]

RE: Formal Letter of Representation and Request for Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Account Number: [Account #]

Date of Service: [Date of Incident/Service]

To the Billing Department,

Please be advised that this office represents [Patient Name] regarding the medical services provided on the date(s) referenced above. This letter serves as formal notice of our representation.

You are hereby instructed to direct all future correspondence, billing statements, and inquiries regarding this account to our office. Please do not contact our client directly regarding this matter.

In addition, please provide a complete and itemized statement of charges for the services rendered. We also request a copy of all insurance correspondence, including EOBs (Explanation of Benefits) and any recorded payments or adjustments made to this account.

Attached to this letter is a signed HIPAA-compliant authorization form allowing the release of this information to our office.

Please confirm receipt of this letter and provide the requested documentation within [Number] business days. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Title/Law Firm Name]

Enclosure: Signed HIPAA Authorization Form