

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Medical Provider Name]

[Billing/Records Department Address]

[City, State, Zip Code]

RE: Letter of Representation and Request for Itemized Billing Statements

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Service: [Date of Incident/Range of Treatment]

Account Number: [If known]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] regarding injuries sustained on or about [Date of Incident].

We kindly request a complete and itemized billing statement for all services provided to our client for the dates of service listed above. Please ensure the statement includes:

- Detailed description of services rendered
- CPT codes for all procedures
- ICD-10 diagnostic codes
- Total charges, payments made, and any remaining balance

Attached is a signed HIPAA-compliant authorization form permitting the release of these records to our office. If there is a fee for duplicating these records, please provide an invoice or contact our office immediately so we may provide payment.

Please forward the requested documentation to the address listed above within [Number] days. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]