

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Status of Medical Records Retrieval

Claim/Reference Number: [Number]

Dear [Client Name],

This letter is to inform you that we have officially initiated the process of collecting your medical records related to your case. Our office has sent formal requests to the following providers:

- [Provider Name 1]
- [Provider Name 2]
- [Provider Name 3]

Medical facilities typically take between 30 to 45 days to process these requests and release the documentation. Once we receive and review these records, we will update you on the next steps regarding your case.

If you have received treatment from any additional doctors or hospitals not listed above, please contact our office as soon as possible so we may update our records.

Thank you for your patience during this phase of the process.

Sincerely,

[Your Name/Firm Name]

[Phone Number]

[Email Address]