

[Date]

[Provider Name/Facility Name]

[Billing Department Address]

[City, State, Zip Code]

**RE: Outstanding Invoice for Medical Records Retrieval**

To Whom It May Concern,

This letter is regarding the outstanding invoice for the retrieval of medical records for the following patient:

- **Patient Name:** [Patient Full Name]
- **Date of Birth:** [Date of Birth]
- **Invoice Number:** [Invoice Number]
- **Invoice Date:** [Date of Invoice]
- **Amount Due:** \$[Total Amount]

Our records indicate that the payment for this request is currently outstanding. Please be advised that [select one: payment is being processed / payment is enclosed / payment was sent on Date].

We kindly request that you confirm the status of the records and provide an estimated delivery date. If payment is required prior to the release of records, please notify us immediately if the amount listed above has changed.

Please forward the requested medical records to:

[Your Name/Company Name]

[Mailing Address or Secure Fax Number]

[Email Address, if applicable]

If you have any questions regarding this payment or the status of the records, please contact [Contact Name] at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]