

Date: [Insert Date]

To: [Adjuster Name]

Insurance Company: [Insurance Company Name]

Address: [Company Address]

City, State, Zip: [City, State, Zip]

RE: Status of Medical Records Retrieval

Claim Number: [Insert Claim Number]

Insured/Claimant: [Insert Name]

Date of Loss: [Insert Date of Incident]

Dear [Adjuster Name],

I am writing to provide you with a formal update regarding the status of the medical records retrieval process for the above-referenced claim.

Our office has requested records from the following providers. Current status is as follows:

- **[Provider Name 1]:** [Status - e.g., Received / Pending / Second Request Sent]
- **[Provider Name 2]:** [Status - e.g., Received / Pending / Awaiting Payment of Invoice]
- **[Provider Name 3]:** [Status - e.g., Received / Pending / Facility requires updated HIPAA]

We are actively following up with the providers marked as "Pending" to ensure the records are delivered to your office as quickly as possible. We anticipate receiving the remaining documentation by [Insert Estimated Date].

Please contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further clarification regarding these requests.

Sincerely,

[Your Name]

[Your Title/Company Name]