

DATE: [Insert Date]

TO: [Provider Name/Facility Name]

ATTN: Medical Records Department / Office Manager

ADDRESS: [Insert Provider Address]

RE: NOTICE OF NON-COMPLIANCE - MEDICAL RECORDS RETRIEVAL

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Member ID: [Insert ID Number]

Date(s) of Service: [Insert Date Range]

Dear Medical Records Manager,

This letter serves as a formal notification regarding outstanding medical record requests for the patient(s) listed above. Despite multiple prior requests sent on [Insert Date of First Request] and [Insert Date of Second Request], we have not yet received the required documentation.

Please be advised that your office is currently in a status of **Non-Compliance** regarding our records retrieval process. Timely submission of medical records is required for:

- Verification of services rendered
- Quality of care reviews (HEDIS/Star Ratings)
- Claims adjudication and payment accuracy
- Compliance with [Insert State/Federal Law or Contractual Agreement]

Action Required:

Please provide the requested medical records within [Insert Number] business days. Records can be submitted via the following methods:

Fax: [Insert Fax Number]

Secure Email: [Insert Email Address]

Mail: [Insert Mailing Address]

Failure to comply with this request may result in the denial of claims, recoupment of previous payments, or further administrative action as outlined in our provider agreement.

If you have already sent these records, please contact us at [Insert Phone Number] to update the status of this request.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]
[Phone Number]