[Your Law Firm Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Medical Provider Name]
[Medical Provider Address]
[City, State, Zip Code]

RE: Notice of Representation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident/Service: [Date]
Our File Number: [Case Number]

Dear Records Custodian/Billing Department,

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

This letter serves as formal notice of our representation. We request that you direct all future communication regarding this patient's treatment, billing, and medical records to our office. Do not contact our client directly regarding any outstanding balances or administrative matters related to this case.

Pursuant to the enclosed HIPAA authorization, please provide us with a complete copy of the following:

- All medical records, including diagnostic reports and clinical notes.
- Itemized billing statements showing all charges, adjustments, and payments.
- Radiology films or imaging on CD (if applicable).

Please notify us of any duplication fees prior to processing this request. If there is a lien or a balance due, please provide us with a current payoff statement so we may protect your interests upon the resolution of this matter.

Thank you for your prompt cooperation.

Sincerely,

[Attorney Name]
[Firm Name]

Enclosure: Signed Medical Authorization