**REQUEST FOR MEDICAL RECORDS AND BILLS**

To:  {{ provider }}

Fax No.:  {{ provider.fax }}

From: {{ lawyer }}

Date: {{ format\_date(today()) }}

**RE:** **{{ client }} {% if client.age\_in\_years() < 18 %}(Minor){% endif %}**

DOB: {{ format\_date(client.birthdate) }}

SSN: {{ client.ssn }}

DOI: {{ format\_date(client.doi) }}

Dear Sir or Madam:

I represent {{ client }} {% if client.age\_in\_years() < 18 %}(Minor){% endif %} regarding injuries sustained in an accident on {{ format\_date(client.doi) }}. Please forward COMPLETE CHART NOTES and DETAILED BILLING RECORDS for all dates of service **from {{ format\_date(client.doi - date\_interval(years=10)) }} to the present** including the following:

1. **Intake health questionnaires.**
2. **Chart notes, medical reports, and treatment records.**
3. **Correspondence to or from other medical providers.**
4. **Disability or work restriction slips.**
5. **An itemized billing statement showing dates of service, charges, payments and write-offs.**

If possible, please send these records to **my email:** [**scott@scottcumming.com**](mailto:scott@scottcumming.com)**; or fax: 541-717-0001.** A medical authorization allowing you to release these records to me is attached. Thank you for your courtesies and assistance with this matter. Please call or email with any questions.

Sincerely,

*{{ lawyer }}*

*Attorney*

Direct Phone: {{ lawyer.phone }}

Direct FAX:  {{ lawyer.fax }}

Email: **{{ lawyer.email }}**

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