**REQUEST FOR MEDICAL RECORDS AND BILLS**

To:  {{ x }}

{%p if x.fax\_number %}

Fax No.:  {{ x.fax\_number }}

{%p elif x.email %}

Email: {{ x.email }}

{%p else %}

Address: {{ x.address.on\_one\_line() }}

{%p endif %}

From: {{ userlawyer }}

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) }}

{%p if request\_expedited %}

**EXPEDITED SERVICE REQUESTED**

{%p endif %}

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.**

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.

If possible, please send these records to **my email:** [**scott@scottcumming.com**](mailto:scott@scottcumming.com)**; or fax: 541-717-0001.**

Sincerely,

*{{ userlawyer }}*

*Attorney*

Direct Phone: {{ userlawyer.phone }}

Direct FAX:  {{ userlawyer.fax }}

Email: **{{ userlawyer.email }}**

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