

April 16, 2024

**SENT VIA FAX: 866-741-4989**

Sky Ridge Medical Center  
10101 Ridgeway Pkwy  
Lone Tree, CO 80124

**RE: Medical Bills for Tamara Anderson**  
**Date of Birth: August 14, 1996**  
**Injury Date: February 05, 2024**  
**Account No: 1512407063**

To Whom It May Concern:

I am requesting written confirmation of the outstanding balance for my client, Tamara Anderson, for treatment received by your facility on February 05, 2024. Please provide the total charge amount, total client payments, total insurance payments, and adjustments made for Date of Service 02/05/2024. Please return by fax to our office at 303-865-5666, or email directly to myself confirming the current balance related to this incident

Sincerely,

RAMOS LAW

*Simonique Moss*  
Simonique Moss  
Paralegal  
SMoss@ramoslaw.com

Total balance due for incident on February 05, 2024: \_\_\_\_\_

Health Insurance Paid: \_\_\_\_\_ Health Insurance Adjustments: \_\_\_\_\_

Client Payments: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

Total Sent to Collections & Collections Contact: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_