

## Medical Record Request



## INSURANCE CLAIM TEST

Date: Jan 29, 2026

Time: 08:07 am

Attn: **Null Catholic Senior Housing And Health Care Services Inc**  
Address: 1200 SPRING STREET, BETHLEHEM,  
PA 18018

Phone: -  
Fax: ((61)-0) -8656437

Re: **Stephen Kutz**

## REQUESTING MEDICAL RECORDS FROM YOU

URGENT

## Release of Information

## Appointment Details

Patient: Stephen Kutz \*

Appointment Date: Aug 01, 2025

Amount: \$2514

We are requesting medical records related to the above appointment in order to complete and process an insurance claim on behalf of the patient.

Please include the following documents if available:

- Visit summary / encounter notes
- Diagnoses (ICD-10 codes)
- Procedures performed (CPT codes)

Go to <https://pablo-dev.vercel.app/api/e/646999> or  
scan the QR code and enter code below to submit

**646999**

