INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
Phone: -

FAX COVER SHEET

FAX NUMBER
(608)-821-7658

SUBMISSION CODE
815801

FAX RETURN NUMBER
(551)-261-4566

PATIENT REFERENCE IDENTIFIER
resp-id-kajxUw3z6ERe

PROVIDER NAME
Null Cleveland Vamc

DATE OF REQUEST
Feb 20, 2026

CLAIM NUMBER
252870047R

Medical Record Request

MIDSTATE Claim Solutions

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
smailafiiia@osdb.io
samtestsite.com

Date: Feb 20, 2026 Time: 07:23 am Response identifier: resp-id-kajxUw3z6ERe

Attn: **Null Cleveland Vamc**
Address: PO BOX 94477, CLEVELAND, OH 44101
Phone: -
Fax: (608)-821-7658

Re: **Vance Hill**

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Vance Hill *

Appointment Date: Aug 08, 2019

Amount: $13.34

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)

Submit by fax at 1233455666 or email to smailafiiia@osdb.io