

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.malafila@osdb.io
samtestsite.com

Date: Jan 09, 2026

Time: 08:12 am

Attn:

Rupa Badlani

Address: 360 POST ST SUITE 400, SAN
FRANCISCO, CA 94108

Phone: -

Fax: (415)-217-3883

Re:

Kiara Rogers**REQUESTING MEDICAL RECORDS FROM YOU**
Release of Information**URGENT****Appointment Details**

Patient: Kiara Rogers * 2005-06-25

Appointment Date: Nov 27, 2025

Amount: \$350

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 3233213333 or email to s.malafila@osdb.io

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