

## Medical Record Request



## INSURANCE CLAIM TEST

Date: Jan 29, 2026

Time: 08:07 am

Attn: **Null Community Hospitals And Wellness Centers**  
Address: 433 W HIGH ST, BRYAN, OH 43506

Phone: -  
Fax: ((41-9) -6363100

Re: **Pamela Lucius**

## REQUESTING MEDICAL RECORDS FROM YOU

URGENT

## Release of Information

## Appointment Details

Patient: Pamela Lucius \*

Appointment Date: Jun 17, 2025

Amount: \$9004.89

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/s/013f1gec> or  
scan the QR code and enter code below to submit

**899041**