Medical Record Request

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
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samtestsite.com

Date: Jan 06, 2026 Time: 09:03 am

Attn: **Null Delray Medical Center, Inc.**
Address: PO BOX 741211, ATLANTA, GA 30374 Phone: -
Fax: ((56)-1) -9822509

Re: **Faythe Neier**

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details
Patient: Faythe Neier * 2001-01-01
Appointment Date: Oct 07, 2025
Amount: $108.47

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 smalafiia@osdb.io