

Medical Record Request



INS CLAIM

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35143, USA

s.malafina@osdb.io
samtestsfie.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 s.malafina@osdb.io

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