

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.malafilia@osdb.io
samtestsite.com

Date: Jan 14, 2026

Time: 11:11 am

Attn:

Shermita Mitchell

Address: PO BOX 457, MOSCOW, TN 38057

Phone: -

Fax: (901)-255-5631

Re:

Eddie Williams**REQUESTING MEDICAL RECORDS FROM YOU**
Release of Information**URGENT****Appointment Details**

Patient: Eddie Williams * 2001-01-01

Appointment Date: Apr 17, 2025

Amount: \$79.27

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.malafilia@osdb.io

CONFIDENTIALITY NOTICE: THIS TRANSMISSION IS INTENDED FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE EMPLOYEE RESPONSIBLE FOR DELIVERING THE MESSAGE FOR THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR ITS RETURN OR DESTRUCTION.