Medical Record Request

MIDSTATE Claim Solutions **INS CLAIM**

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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 smailafiia@osdb.io