INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
Phone: -

FAX COVER SHEET

FAX NUMBER
(877)-524-9504

SUBMISSION CODE
233364

FAX RETURN NUMBER
(551)-261-4566

PATIENT REFERENCE IDENTIFIER
resp-id-YhQPJo7caGvJ

PROVIDER NAME
Null Lincare Inc.

DATE OF REQUEST
Feb 20, 2026

CLAIM NUMBER
252970349E

Medical Record Request

MIDSTATE Claim Solutions

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
smailafiia@osdb.io
samtestsite.com

Date: Feb 20, 2026 Time: 05:02 am Response identifier: resp-id-YhQPJo7caGvJ

Attn: **Null Lincare Inc.**
Address: 19387 US HIGHWAY 19 N, CLEARWATER, FL 33764
Phone: -
Fax: (877)-524-9504

Re: **James Mills**

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details

Patient: James Mills *

Appointment Date: Oct 09, 2025

Amount: $19.32

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 1233455666 or email to smailafiia@osdb.io