

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



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.matafilla@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 smatafilla@osdb.io

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