

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA

Phone: -

FAX COVER SHEET

FAX NUMBER

(972)-532-9272

SUBMISSION CODE

778247

FAX RETURN NUMBER

-

PATIENT REFERENCE IDENTIFIER

resp-id-fCuVG334Tm7R

PROVIDER NAME

Daniel King

DATE OF REQUEST

Feb 24, 2026

CLAIM NUMBER

252960122R

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA

s.malafaa@oscb.io

samtestsite.com

Date: Feb 24, 2026

Time: 07:01 am

Response identifier: resp-id-fCuVG334Tm7R

Attn: Daniel King

Address: PO BOX 217, LANDRUM, SC 29356

Phone: -

Fax: (972)-532-9272

Re: Sandra Papke

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Sandra Papke *

Appointment Date: Oct 30, 2025

Amount: \$7.58

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)

CONFIDENTIALITY NOTICE: THIS TRANSMISSION IS INTENDED FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL INFORMATION...