

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.mafafila@osdb.io
samteststfie.com

Date: Jan 14, 2026

Time: 11:16 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.mafafila@osdb.io

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