

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA

Phone: -

FAX COVER SHEET**FAX NUMBER****(608)-821-7658****SUBMISSION CODE****717040****FAX RETURN NUMBER****(551)-261-4566****PATIENT REFERENCE IDENTIFIER****resp-id-kajxUw3z6ERe****PROVIDER NAME****Null Cleveland Vamc****DATE OF REQUEST****Feb 20, 2026****CLAIM NUMBER****252870047R**

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.matafilla@osdb.io
samtestsite.com

Date: Feb 20, 2026

Time: 07:41 am

Response identifier: resp-id-kajxUw3z6ERe

Attn: **Null Cleveland Vamc**

Address: PO BOX 94477, CLEVELAND, OH
44101

Phone: -

Fax: (608)-821-7658

Re: **Vance Hill****REQUESTING MEDICAL RECORDS FROM YOU**
Release of Information**URGENT****Appointment Details**

Patient: Vance Hill *

Appointment Date: Aug 08, 2019

Amount: \$13,34

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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