

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA

Phone: -

FAX COVER SHEET**FAX NUMBER****(972)-532-9272****SUBMISSION CODE****717506****FAX RETURN NUMBER****(551)-261-4566****PATIENT REFERENCE IDENTIFIER****resp-id-oVkrjXmgyMcp****PROVIDER NAME****Daniel King****DATE OF REQUEST****Feb 20, 2026****CLAIM NUMBER****252960122R**

Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.matafria@osdb.io
samtestsite.com

Date: Feb 19, 2026

Time: 07:43 pm

Response identifier: resp-id-oVkrjXmgYMcP

Attn:

Daniel King

Address: PO BOX 217, LANDRUM, SC 29356

Phone: -

Fax: (872)-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)

Submit by fax at 1233455666 or email to smatafria@osdb.io

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