

Medical Record Request



INSURANCE CLAIM TEST

Date: Jan 29, 2026

Time: 12:13 pm

Attn: Null Defiance Hospital Inc.

Address: PO BOX 632927, CINCINNATI, OH 45263

Phone: -

Fax: ((41)-9)-8821352

Re: John Dixon

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: John Dixon *

Appointment Date: May 06, 2025

Amount: \$2578.42

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)

Go to <https://pablo-dev.vercel.app/api/s/BagDDAll> or scan the QR code and enter code below to submit

304703

