

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA

Phone: -

FAX COVER SHEET

FAX NUMBER

(972)-532-9272

SUBMISSION CODE

798013

FAX RETURN NUMBER

-

PATIENT REFERENCE IDENTIFIER

resp-id-uDkdijhFt3jF

PROVIDER NAME

Daniel King

DATE OF REQUEST

Feb 24, 2026

CLAIM NUMBER

252960122R



INS CLAIM

1255 Hwy 46, Shelby, AL
35143, USA

s.matafian@osdb.io
samtestsite.com

Date: Feb 24, 2026

Time: 06:58 am

Response identifier: resp-id-uDkdijhFt3jF

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)

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