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

Medical Record Request

MIDSTATE Claim Solutions

INS CLAIM

1255 Hwy 46, Shelby, AL 35143, USA
smalafiia@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)