



TO: test new 1259
Company:
Fax:

FROM : David Hardin
Fax: 615-661-4838

Number of pages including this cover sheet: 02

NOTES:

Date and time of transmission: Wednesday, February 25, 2026 12:59:50 PM

Customer Service Phone 877-384-7466

Claims Phone 877-584-7466

Sales Phone 877-884-7466

Legacy Insurance Services, Inc.

Legacy Insurance Services, Inc.
PO Box 50600
Phoenix, AZ 85076-0600

1/28/26

RE: Insured:
Date of Loss:
Claim #:

Dear Sir:

This letter is a request for any new bills you may have received, you will need to forward for review. If you have previously sent in billing do not resend as they are in your file.

We are awaiting any medical bills you may have received as a result of the loss noted above. If you have received any please forward them to me so we may review for payment. If you have not received anything I need to know as well.

This file will remain open for another twenty (20) days from the date of this letter. If I do not hear from you by then we will close the file and presume there are no medical bills to consider for payment.

Please forward such to the post office box, email or fax number listed here:

Legacy Insurance Services, Inc.

ATTN: CLAIM #

PO Box 50600

Phoenix, AZ 85076-0600

or

Fax # (615) 661-4838

Sincerely,

Medical Incurred Department

Legacy Insurance Services, Inc.
for Arizona Auto Insurance Co