



REQUESTING PATIENT'S LATEST MEDICAL RECORDS

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|------------------------------------------|------------------------------------------|
| Patient name: [REDACTED] | Dr Name: [REDACTED] |
| DOB: [REDACTED] | Dr NPI: [REDACTED] |
| Phone: [REDACTED] | Dr Phone: [REDACTED] |
| Address: [REDACTED] [REDACTED] | Address: [REDACTED] [REDACTED] |

Respected Staff,

This form is in regards to our patient with [REDACTED] MD as we required latest medical records to review the selected claims to determine whether they were paid properly under Medicare coverage in accordance to (CMS) Audit protocols. As we know (CMS) audits sponsors for strict compliance with the Medicare and Medicaid rules and requirement. So kindly share the above-mentioned patient's latest medical records to update insurance accordingly.

To expedite this process, we urge you to mark this request as a high priority and prioritize sending the requested documents today. You can fax the notes to [REDACTED]. Your prompt assistance in this matter would be immensely appreciated.

free to reach out us if any further information or clarification is required.

Sincerely,

[REDACTED]
(Medical Records Department).
Medical Records Representative @Medicare (.gov)

Medicare Health Insurance.
For any assistance or question please call: [REDACTED]
Center Operations [REDACTED]. [REDACTED].

Printed and scanned by [REDACTED]