

Sample

Authorization to Release Medical Records, Cover Letter

Name Insurance Coverage In:
Plan #:
Family Name Covered Under Plan:
Individual Covered & Subject to This Letter:
Social Security Number of Individual:

To: Medical Office Manager

I am writing to request a copy of my medical records. Please send it to me at the address on this letterhead.

I was formerly a patient of Dr. _____. Enclosed is a signed Authorization to Release Medical Records. I am requesting the records for insurance-related reasons.

If there is a charge for copying the records, please submit a statement with the records and I will remit payment or charge it to my credit card number: _____ Expiration Date: _____; Under my name listed exactly as: _____.

Thank you for your continued good service that I have received in the past.

Best regards,

Writer

Enclosure: Authorization to Release Medical Records
Faxed and Mailed (Unless you can't fax; if you cannot, then remove this notation).