



# SELARZ LAW CORP.

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May 24, 2020

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*SENT VIA [ \_\_\_\_\_ ]*

[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]

Tel: (xxx) xxx-xxxx

Fax: (xxx) xxx-xxxx

**Re: Our Client** : [Client Name]  
**Date of Birth** : [Date of Birth]  
**Date of Accident** : [Date of Accident]

## REQUEST FOR MEDICAL AND BILLING RECORDS

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Dear Sir/Madam:

Please be advised that our firm has been retained by the above-referenced client to represent them in securing any rights or remedies that they may be entitled to, pursuant to a civil action, relating to a personal injury accident.

We are informed that our client received medical treatment at your facility for injuries relating to this accident.

In order to properly evaluate the damages our client may have sustained, we must obtain copies of **all final itemized billings, records, reports, and any and all notes/doctors' notes** in your possession. We have enclosed our Firm's Medical Authorization form to help you comply with our request. Please send all documents by email or facsimile, whenever possible.

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Thank you for your anticipated courtesy and cooperation in this matter. Please do not hesitate to contact the undersigned if you have any questions.

Very truly yours,  
SELARZ LAW CORP.

Daniel E. Selarz, Esq.