

TEMPLATE 03 · MYCHARTCOUNT GUIDE

Insurance Company / Health Plan

WHEN TO USE

Requesting your records from an insurance company or health plan. Insurance claims data often provides the most complete reconstruction of where you've received care over time — even when you can no longer remember every provider's name.

[Your Full Legal Name]

[Your Street Address]

[City, State ZIP]

[Phone] · [Email]

[Today's Date]

[Insurance Company Name]

Attn: Member Records / HIPAA Privacy Officer

[Insurance Company Address]

[City, State ZIP]

Re: Request for Complete Member Records and Claims Data**Member: [Your Full Legal Name]****Date of Birth: [Your DOB]****Member ID Number: [your member/policy number]****Coverage Dates: [date range or "all years covered"]**

To Whom It May Concern,

Under my right of access in HIPAA (**45 CFR § 164.524**), which applies to health plans as well as healthcare providers, I am requesting a complete copy of all Protected Health Information your organization maintains about me, including:

- All claims data (paid, denied, pending) with dates of service, provider names, CPT/HCPCS codes, ICD diagnosis codes, and amounts paid
- All prior authorization requests and decisions

- All correspondence with me and with providers
- All explanations of benefits (EOBs)
- All medical review notes and determinations
- All appeals and grievance records
- Any case management or care coordination records
- All eligibility and enrollment records

Please provide records in electronic format. Acceptable deliveries are PDF via email to [your email], or via your secure member portal.

Under HIPAA (**45 CFR § 164.524(b)(2)**), you have 30 days from receipt to provide the records or a written response. You may charge only a reasonable, cost-based fee per HHS guidance.

For identity verification, I have attached a copy of my government-issued photo identification and a copy of my insurance member card.

If you require additional verification or have questions about the scope of this request, please contact me at [phone] or [email].

Sincerely,

[Your Signature]

[Your Printed Name]

[Date]