**Re. Authorization Request for the Release of Medical Reports, Prescriptions, X-Rays, and Ultrasound Reports from [Date] to [Date]**

Dear Mr. [Name],

I am [Your Name], your patient in [specify the field of problem and treatment]. I am writing this letter to request that you authorize the release of my medical documents for the sake of an insurance claim.

I have received a letter from [Name of the Insurance Firm] where I have claimed reimbursement of my medical expenses in terms of my Medical Insurance (MI) at [Name of the Insurance Company]. To claim the amount of medical insurance, I need to submit some documents as part of the formal procedure. The procedure requires authorized documents from the clinic, i.e., my medical reports, the number of prescriptions with the charges paid, and medical slips where each amount paid is mentioned and verified by the authoritative person in charge of panel verification.

I request that you authorize the release of my medical documents for the aforementioned sake. I understand that the procedure might be time-consuming; however, I request that you authorize the release of the said documents as soon as possible so that the process of verification can be initiated.

I would appreciate your prompt attention and direction to your team for the release of medical reports. I appreciate the professionalism, diligence, and positive demeanor of your staff. I will visit the clinic again whenever needed. Thank you in advance for your cooperation.

If I need to submit any documents to aid the process of verification, authorization, and release of medical reports, let me know. You can contact me by calling me at [Phone Number] or sending me an email at [Email Address]. Thank you.

Best Regards,

[Full Name],  
[Patient ID]  
[NIC Number]

[Signature and Date]