



Chrissy Fowler
 Director, Payment Accuracy and Reporting Group
 Office of Financial Management
 Centers for Medicare & Medicaid Services
 1510 East Parham Road
 Henrico, VA 23228

Dear Ms. Fowler:

Due to extenuating circumstances beyond my control, I am unable to provide the requested medical documentation in support of my Medicare claim, CID number _____ (please include number).

I attest that the medical record documentation was:

- completely destroyed on _____ (please include date).
 - partially destroyed on _____ (please include date);
- however, I am providing any remaining medical record documentation.

The medical record documentation was destroyed by:

- flood
- fire
- hurricane
- other _____.

Attached is evidence of the flood/fire/hurricane/other:

- copy of FEMA check
- letter from property insurance company
- other _____.

Under penalties of perjury, I declare to the best of my knowledge and belief, that the information I have provided is true, correct, and complete.

Printed Full Name: _____

Signature: _____

Date of Signature: _____

Address: _____

City, State, Zip Code: _____

Occupation: _____

Phone Number: _____