



FARMERS

Send all correspondence to:
Email: claimsdocuments@hpcs.com
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389

Professional Document Services
875 PATRIOT DR STE #D
MOORPARK CA 93021

RE: Claim Unit Number:
Insured:
Policy Number:
Loss Date:
Injured Party:

Dear Sirs:

This letter is in reference to the above-mentioned loss.

This is to confirm that we have authorized Professional Document Services to obtain medical records for the above mentioned individual.

If you have any questions or concerns, I can be reached at

My scheduled office hours are

Sincerely,