melmed center

Patient Request for Letter

Please note letters take a minimum of 7-10 days to process. Sometimes the report from the patient's first visit or a copy of the care plan from a follow-up appointment will meet the patient's need for a letter.
Our fee for a letter is $40.00 and it is due in **advance**.

Date of request: _____ Date needed by: _____ Who requested the letter? _____
Patient's name: _____ DOB: _____

Who should the letter be written to? _____
(Please make sure to download *Authorization to Release Health Information* form and fax in with this form.)

Where should the letter be mailed? _____

What needs to be included in the letter? _____

_____

_____

_____

_____

Please note the request will not be given to the provider until payment is received.

Please choose: ☐ Once form is received call me @ _____ to do payment over the phone.
☐ Please run my credit card information below.

☐ MasterCard ☐ Visa ☐ Discover Card

_____ _____
Account Number Expiration Date

_____ _____
Cardholder Name V-Code

_____
Billing Address

_____
City State Zip Code

_____ _____
Cardholder Signature Date

4/12 Revision