

**LETTER REQUEST:**

Date Request Received: \_\_\_\_\_

Person Initiating Request: \_\_\_\_\_ 1

Patient Name: \_\_\_\_\_ 1

Reason for Letter Request: \_\_\_\_\_

Send Information To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date Letter Needed: \_\_\_\_\_ 2

**CONTACT FOR CORRESPONDENCE:**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Send Copy to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SPECIAL INSTRUCTIONS FOR LETTER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARGES:**

*Initial that JMA Associate has explained to the letter requestor that there are charges for this service. The fees must be paid before the letter is mailed. The charges can range from \$35 to \$100 or more depending upon the complexity, follow-up and other requests. \_\_\_\_\_*

1 If the person initiating the request is not the same person as the patient, consider whether a HIPAA release is required.  
 2 Letters typically take 2 - 3 weeks for completion.