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A Multi-Specialty Behavioral Health Practice

PROVIDER LETTER AND FORM COMPLETION REQUEST

- Please attach a copy of any letter, form, or email that triggered your request. *Failure to provide this can result in a longer processing time*
- If you would like for your letter and/or form to be sent to another person/agency, please complete and attach a Release of Information.
- There will be a charge for the letter/form. You will be billed for some or all your provider's hourly rate depending on how much time is needed to fulfill your request. **You should expect to be billed between $55-$275 for your request.**
- Depending on the date of the last visit with your provider, you may need to schedule an appointment to provide updated information on your status/needs.
- **This process can take up to 2 weeks.**
- We are unable to "rush" these requests.

Today's Date: ______________________ Daytime Phone Number: ________________________________

Your Name: ____

Patient Name (If different from yours): ____

Date Letter/Form Needed: ____

Provider from Whom Requesting Letter/Form: ______________________________________

Briefly describe why you are requesting this letter/form. What does it need to address?

____
____
____

Once the letter/form is prepared, how would you like for it to delivered?

___ Contact me at this number ____, and I will pick it up at CRG.

___ Use this email address: ____

___ Fax it to this number: ____

___ Mail it to this address: ____

____________________________________ ______________ ______________ ______________
Credit Card # Expiration Date V-Code Zip Code

_______________________________________ _______________________________________
Cardholder Name Cardholder Signature