

Provider Letter and Form Completion Request

Today's Date: _____ Your name: _____

Daytime phone where we can reach you: _____

Patient name (if different from yours): _____

Provider from whom you need a letter/form: _____

To whom is this letter/form being written? _____

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

Please attach a copy of any letter, form, or email that triggered your request for this letter to clarify the context for the new letter you are requesting.

****If you are requesting letter or form for college or "high stakes" testing accommodations, please contact CRG's Intake Team at (317) 575-9111 ext. 214.**

By when do you need this letter/form? _____

***This process can take up to two weeks*

Please note: There will be a charge for your provider to write your letter/complete your form request. You will be billed for some/all of your provider's hourly rate depending on how much time is needed to write it. You should expect to be billed between \$75 - \$160 for your request. If your provider needs more than one hour of time to complete your request, you will be billed for the amount of time spent.

Once the letter/form is prepared, how will it be delivered?

___ Contact me and I will pick it up at CRG.

___ Call this number: () _____ or use this email address when it is ready:

___ Fax it to this number: _____

___ Mail it to this address: _____

___ Other: _____

Please note: If you would like us to send the letter/form to another person/agency, please complete and attach a Release of Information form, which can be found at:

<http://www.childrensresourcegroup.com/wp-content/uploads/2013/04/Release-of-Information.pdf>

Final note: Depending on the date of your last visit with your provider, we may need to ask you to schedule an appointment with that provider so he/she has the chance to get updated information from you about your current status/needs.