BHC-BEHAVIORAL
HEALTH CONSULTANTS, INC

BHC-INC. PROVIDER INFORMATION (WHO ARE YOU REQUESTING WRITE THIS LETTER?)

Provider Name: _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth: ____ / ____ / ____

Patient Phone Number: _____

LETTER INFORMATION

Date of Request: ____ / ____ / ____ Need Letter By This Date: ____ / ____ / ____

Purpose of Letter (use the box below):

RECIPIENT INFORMATION

Recipient Name: _____

Recipient Address: _____

Recipient Phone Number: _____ Recipient Fax Number: _____

Recipient Email: _____

Please send the letter via (check as many needed):

☐ **Mail** (Physically) ☐ **Fax Number** ☐ **Email Address**

☐ **None of the above**: I will send the letter myself.

Please note: there is a $25 charge for every letter request. Processing time is approximately 7-10 business days. You will receive confirmation that your request is being processed. Once your letter is completed, you will be sent a copy to verify that it fulfills the needs of your request. Thank you.