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Letter/Form Request

I ACKNOWLEDGE THAT THE FEES FOR COMPLETING FORMS OR LETTERS ARE SUBJECTIVE BASED ON THE CONTENT. THIS PROCESS IS NOT COVERED UNDER INSURANCE. IT MAY REQUIRE SCHEDULING A SEPARATE APPOINTMENT WITH PATIENT PRESENT IN ORDER TO DISCUSS THE FORMS. ADDITIONALLY, PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING DEPENDING ON THE LENGTH OF TIME REQUIRED TO COMPLETE THE LETTER OR FORM. THIS FEE MUST BE PAID PRIOR TO RELEASE OF LETTER OR FORM. ****Please note that if there is an URGENT request, there might be a surcharge added to the prices listed below****

STANDARD FEES* SUBJECT TO CHANGE AT PREPARERS DISCRETION

- \$30- GENERAL SCHOOL & WORK RELATED LETTER
- \$100- INITIAL DISABILITY CLAIM FILING (per Entity~ EDD, Workplace)
- \$60- DISABILITY EXTENSIONS (per Entity~ EDD, Workplace)
- _____ - CUSTOMIZED LETTER/ FORM-- Price TBD

YOUR SIGNATURE BELOW GIVES BH & W PERMISSION TO RELEASE REQUESTED LETTER TO:

PERSON/ENTITY

PRINTED PATIENT FULL NAME

DATE LETTER NEEDED BY:

Letter Content Requested:

Method of Retrieval or Release:

Pick-Up in Office Fax: _____ E-Mail: _____

USPS Mail: _____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

DATE

PAID: YES / NO DATE PAID: _____ STAFF INITIALS: _____