

26400 La Alameda, Suite 208, Mission Viejo, CA 92691

Ph~ 949.606.4698 Email~ bernadette.balancedhealth@gmail.com

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* SUBJE	CT TO CHANGE AT PREPARERS DISCRETION		
\$100- IN \$60- D	ENERAL SCHOOL, WOR IITIAL DISABILITY CLAIN ISABILITY EXTENSIONS USTOMIZED LETTER/ FO	N FILING (per Entity~ EI (per Entity~ EDD, Work	
YOUR SIGNATURE BE	LOW GIVES BH & W PERM	MISSION TO RELEASE REQ	UESTED LETTER TO:
PERSON/ENTITY			
PRINTED PATIENT FULL NAME	<u> </u>		DATE LETTER NEEDED BY:
Letter Content Reque	ested (if request is for an I	ESA letter please compl	ete page 2):
Method of Retrieval o	or Release:		
[] Pick-Up in Office	[] Fax:	[] E-Mail:	
[] USPS Mail:			
			DATE
SIGNATURE OF PATIENT OR LEGA	L GUARDIAN		
PAID: YES / NO DATE PAI	D: STAFF INITIALS:		





Ph~ 949.606.4698 Email~ bernadette.balancedhealth@gmail.com

Letter/Form Request

If you are requesting an **EMOTIONAL SUPPORT ANIMAL** letter, please provide the following information.

**REASO	N FOR LETTER (travel, housing, etc):	
**DFT	Do al Cata	
**PET 1:	Dog/ Cat:	
	Breed:	
	Color:	
	Date of Birth:	
	Name:	
**PET 2:	Dog/ Cat:	-
	Breed:	
	Color:	
	Date of Birth:	
	Name:	
**PET 3:	Dog/ Cat:	-
	Breed:	
	Color:	
	Date of Birth:	
	Name:	