



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**

*******Until further notice we are not doing any disability claims or extensions*******

- \$50- FORMS (incl school accommodation, work, other)
- \$30- BASIC LETTERS (ie diagnosis, return to/ missed work, jury duty)
- \$50- LETTERS (ie school accommodation, emotional support animal)
- \$100- INITIAL DISABILITY CLAIM FILING (per Entity~ EDD, Workplace, FMLA)
- \$60- DISABILITY EXTENSIONS (per Entity~ EDD, Workplace, FMLA)

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 (if request is for an ESA letter-- please complete page 2):

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: _____



Letter/Form Request

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

****REASON FOR LETTER** (travel, housing, etc): _____

****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: _____