

Green Oaks Medical Center PC

Mountain View Office:
2490 Hospital Drive, Suite 209
Mountain View, CA 94040
Phone: 650-433-8925/Fax: 650-523-4682

Letter/Forms Request Form

I wish Dr. Christine Green to write a letter on my behalf as described below.

Name : _____ Date of Request: _____

Signature of Requestor: _____ Date of Birth: _____

Purpose of Letter: _____

(i.e. disability, insurance reimbursement, consult to private physician, life insurance, airline, drug information, for jury duty release, other)

Name and Addressee with Address, fax and any other Pertinent Information to Ensure Receipt by Intended Recipient:

What Aspects of Your Health Care Do You Want Discussed? _____

What Aspects of Your Health Care Do You NOT Want Released?(With the understanding that your health care is private but if the 3rd. Party has the legal right to the information, it must be released).

The letter is due by ____ for Insurance Appeals or other purposes.

I have an appointment with Dr. Green on _____ and would like to pick up the letter by that date.

By signing above and requesting this letter, I agree to the following costs:

Forms: \$75.00-\$150.00

Jury release or list of medication for airline flights: \$25.00

Other letters: \$150.00

Letters and copy of chart: \$200.00 + 25cents per page copied

Letters which required citation and documentation: 350.00