

Andrew S. Cook, MD
Peter A. Castillo, MD
Linda Mavity, NP
Bernardetta Witek, NP
Danielle Cook, MS, RD, CDE



14830 Los Gatos Blvd., Suite 300
Los Gatos, CA 95032
Tel (408) 358-2511
Fax (408) 358-1009
www.VitalHealth.com

PATIENT REQUEST FOR LETTER OR FORM TO BE COMPLETED BY VITAL HEALTH INSTITUTE

PATIENT INFORMATION (Please Print):

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date the form needs to be completed: _____

Please allow 2 weeks for processing, Rush requests will incur additional processing fees of \$25.00 – Please “RUSH” my letter or form _____ (initial)

Type of Letter or Form requested:

Letters are \$50.00 for a single page and \$75.00 for anything longer – (FYI - Due to schedules; letters may be completed by either the Nurse Pract. or Dr. Cook)

Forms are \$10.00 for a single page and \$20.00 for anything longer

- Prior Authorization Letter
- Employer Letter
- Disability Letter
- School Letter
- Insurance Letter
- Other _____

- FMLA Form
- Disability Form
- Disability Extension Form
- Insurance Form
- Other _____

I request that the Letter / Form be addressed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Notes: _____

I request that when the Letter / Form is completed that it be sent to: _____

Via: Patient will pick up Fax EMAIL Mail (patient responsible for postage)

I am aware of the costs associated with this request and will provide my credit card # to cover charges which VHI will charge upon receipt of this Request.

Credit Card#: _____ Exp: _____ Billing Zip Code: _____

CV Code: _____ Patient Signature: _____ Date: _____

Card Holder Name: _____ Card Holder Tel# _____

For Internal Use Only:

Date VHI received request: _____	Confirmed Rush Fees with Pt?: _____
Initial Date of Tx: _____	Cost: \$ _____
Start of Disability Date: _____	Date VHI complete form and patient called: _____
Suggested return to work date: _____	Documents sent to via: _____