



BEALS INSTITUTE

ARTHRITIS, OSTEOPOROSIS and AUTOIMMUNE DISEASES

Diplomat, American Board of Internal Medicine and Rheumatology, Board Certified

PATIENT REQUEST FOR A LETTER

Name: _____ Date of Birth: _____

Daytime phone, if we have any questions: _____

It will take up to 10 business days to complete the letter. There will be a charge for the letter depending on the length and complexity. If this is an extreme emergency and the letter needs to be done in less than 10 days, please states why: _____

Name and address of where the letter is to be written to: _____

Reason for letter: _____

Please states what **exactly** what needs to be specified in the letter: (ex: work restrictions): _____

Specific work conditions if needed: _____

If there anything else you would like mentioned in the letter: _____

How many hours per week or pay periods are you able to work: _____

Do you need an American Disabilities Act or Family Leave Act: _____

I authorize and request the described information to be released to the person or organization described by this form.

Signature of Patient _____

Date Submitted _____

01/17/13th

4333 W. St. Joseph, Lansing, MI 48917-4297 (517) 321-1525 FAX (517) 321-7059



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FMLA, DISABILITY, OR LETTER REQUESTS

The request to complete forms for a patient is not a covered benefit of your insurance company. Forms that are included but not limited to are for: disability, FMLA, letters, and attending physician statements, etc. All forms are time consuming and require careful review of a patient's medical records and other documents. For this reason, there will be a charge for all forms requested.

All forms and requests must be filled out fully in the specified patient areas. We will not complete the employee portion of paperwork. Patients requesting a letter must fill out and sign our Beals Institute request for letter form prior to any letters written.

All requests will be reviewed by the provider upon receipt of paperwork. No forms will be done for a patient who has not been seen in our office recently, or on newer patients seen less than six months in our office.

We reserve the right not to grant FMLA or disability if it is felt that the patient does not have documented confirmation of their diagnosis, or is capable of working without restrictions. Preliminary disability may require a face-to-face office visit with the physician to discuss and complete forms.

For certain disability requests the provider may require a functional capacity evaluation in order to determine disability. This may or may not be covered by your insurance company.

If upon review of your request, the provider does not agree to complete the form, it will be returned to you.

All forms are completed in the order in which they are received. Forms may take up to 2 weeks for completion based on current volume of forms or letter.