



Genesis
Behavioral Health

**Medical Records, Disability,
FMLA & Special Letter
Request Form**

7122 Stonewall Hill
San Antonio TX, 78256
Phone: (210)404-9696
FAX: (210)404-9466

IMPORTANT: Please note, Genesis Behavioral Health has up to 15 business days to complete Medical Records, Disability, FMLA & Special Letter requests from the date a properly filled and signed form is submitted back to Genesis Behavioral Health.

Patient Name: _____ Date: _____

Phone Number: _ (_____) _____ - _____ Email Address: _____

Please complete the section(s) below for the corresponding document(s) you are requesting to be completed.

For Special Letter(s) Requests:

Objective/ Subject of Letter: _____

Addressee of Letter: _____

Is this a legal letter ? YES NO

Is this a letter for SCHOOL WORK OTHER _____

Where does the completed form need to be sent? Please check all delivery methods that apply.

____ Patient Email ____ Other Email ____ FAX ____ Mailed ____ Patient Pick-Up from Office

Other Email Address, Mailing Address, or Fax Number: _____

For Paperwork Completion Requests:

Type of Paperwork: _____ Type of Entity Requesting Paperwork: _____

Name of Requesting Entity: _____

Please fill in the below section with any applicable information.

Insurance Name: _____ Claim #: _____

Representative Name: _____ Phone #: _____ ext. _____

FAX #: _____ ATTN: _____ Email: _____

Are you currently working? YES NO If yes, dates out of the office: _____

Completion Deadline for Requested Forms: _____

Please be sure to attach any additional information or required paperwork for our office to complete when submitting this request.

Patient/Authorized Representative Signature

Date

For Office Use ONLY: Approved Denied, Reason _____

Provider Initial _____ Date _____