

Greater Birmingham Project Access

1130 22nd Street South

Birmingham, AL 35205

Phone: (205)558-3403

Fax: (205)838-6294

Date:

The _____ Clinic is confirming that the patient

(name) _____ DOB: ____/____/____ is in good standing with our

clinic. He/She needs to see an (Specialty Type) _____ for

(Diagnosis) _____.

If you have any questions feel free to contact us at (____) _____.

Fax number (____) _____.

Thank you,

Provider Name (Print)

Case Manager/Social Worker Name (Print)

Provider Signature

Case Manager/Social Worker Signature

