

Project Access & Alliance Access  
Phone: (205) 202-1598  
E-mail: [alprojectaccess@ascension.org](mailto:alprojectaccess@ascension.org)  
Fax: (205) 838-6294

Date: \_\_\_\_\_

The \_\_\_\_\_ Clinic is confirming that this patient  
(name) \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ is in good standing with our  
clinic. He/She needs to see a (Specialty Physician Type) \_\_\_\_\_ for  
(PT 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



**UAB** MEDICINE