

Project Access & Alliance Access
Phone: (205) 202-1598
E-mail: alprojectaccess@uabmc.edu
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