



Sample Template for Use by Healthcare Providers



Note:

Ask your healthcare provider's office to copy this template to the practice's letterhead and input the needed information to replace the guidelines in the brackets <> and the brackets.

<Insert Today's Date>

<Insert Parent/Guardian's Name and Address>

Re: <Insert Child's Name>

To Whom It May Concern:

According to our records <Child's Name> was a patient of <Name of Your Practice> during <Insert The Tax Year From The Notice>.

Our records reflect that the child lived at
<Street Address,
City, State,
Zip Code (if the child moved during the year show all addresses)>

from

<Time Period Child Was A Patient>, and that the child received service on

<Insert the Dates You Provided Services During the Tax Year on the Notice>.

Our records also reflect that the child's parent or guardian during this time was

<Parent's or Guardian's Name(s)>.

The child's parent's or guardian's address of record during this time was listed as

<Parent's or Guardian's Address(es)>.

Sincerely,

<Signature of Employee>

<Insert Name>

<Insert Title>

<Insert Phone Number of Employee>

Page Last Reviewed or Updated: 29-Dec-2021