

Cornerstone Behavioral Healthcare
157 Park St. Suite 5
Bangor, Maine 04401
Phone: (207) 992-0410 Fax: (207) 992-0414

Wabanaki, Division of Cornerstone
P.O. Box 1356
Bangor Maine 04402
Phone: (207) 992-0411 Fax: (207) 907-2048

PCP Cover Letter

(To be submitted at the first date of service)

Dear: _____ ,
(Primary Care Provider)

Client, _____ , is currently being
(Client Name)

seen in either our Bangor or Waterville office by, _____ ,
(Case Manager's Name)

for either Counseling services, Case Management services or Medication Management services.

In an effort to provide integrated services for our client we are requesting current medical records for coordination of treatment.

If we can be of assistance, please feel free to contact us at: _____
(Branch Phone Number)

Attached is a signed release from this client to you.

Sincerely,

Case Management Division
Cornerstone Behavioral Healthcare