

Acehelosu, a division of Cornerstone
157 Park St. Suite 34
Bangor, ME 04401
Phone: (207) 992-0410 Ext. 5660
Fax: (207) 992-0414

PCP Cover Letter

(To be submitted at the first date of service)

Dear: _____ ,
(Primary Care Provider)

Client, _____ , is currently being
(Client Name)

seen by _____ in our Bangor office, for either Opioid Health
(Provider Name)

Home Services or Medication Assisted Treatment.

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 the above-listed number.

Attached is a signed release from this client to you.