

# SAMPLE LETTER

## Medical Providers Letter

This is a sample letter you can give a medical provider to duplicate. The italicized areas must be completed.

This letter must be on the letterhead from the Medical Provider's office.

*Medical Provider's Name*

*123 Street Name*

*City, ST Zip Code*

*Phone Number*

Date: *xx/xx/20xx*

RE: *Child's Name*

To Whom It May Concern:

Medical records show that *Child's Name* is a patient of *Medical Provider's Name at Medical Provider's Office Name*. Medical Records list *Name of Taxpayer* as the parent/guardian and living with his/her *Relationship to Child at 123 Street Name City ST Zip Code* from *Date* to *Date*.

If you have any questions you may call us at *Telephone Number*.

Thank You,

*First Name, Last Name*

*Medical Provider or Provider Administrator*

Note: The letter must show the child lived with parent/guardian for over half of the year in questioning in order to qualify. If the child does not currently live with the parent/guardian, the letter can indicate the date the child moved out, but must still show the child lived there for more than half of the year in questioning. The letter should show the earliest date the child lived there.