



## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

### MEDICAL INFORMATION REQUEST

**Case Name:** \_\_\_\_\_

**MA ID/Pending Medicaid No.:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Patient's Birthdate:** \_\_\_\_\_

**Patient's SSN:** \_\_\_\_\_

Dear Dr.

We are requesting medical information on the above-named patient.

This individual has informed us that he is currently or has been recently under your care. Please provide a copy of your medical records for this individual. If there is any charge for this service please follow the instructions below.

The enclosed form, "Physician's Summary", must also be completed.

Sincerely yours,

Mail Medical Records to:

West Virginia Department of Health and Human Resources

\_\_\_\_\_  
\_\_\_\_\_

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### BILLING PROCEDURE

1. Complete the appropriate DHHR billing form.
2. Staple this letter (must be the original) to the billing form.
3. Billing goes to: West Virginia Department of Health and Human Resources  
Unisys  
Post Office Box 3767  
Charleston, West Virginia 25337

If you need assistance with the billing procedure, please contact Unisys at 1-888-483-0793 or (304) 348-3360.