



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
MEDICAL REVIEW TEAM (MRT)

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,

DHHR Representative

Mail Medical Records to:

West Virginia Department of Health and Human Resources

**(Worker fills in
County office Address)**

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.