



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/she 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 attached DFA-RT-15a, Psychiatrist'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.