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

REQUEST TO SOCIAL SECURITY ADMINISTRATION FOR MEDICAL REPORTS

TO: Social Security Administration
_____
_____

Case Name: _____
Client Name: _____
SSN: _____

MA ID/Pending Medicaid No.: _____

Please send copies of the most recent medical findings used by your Agency in the determination of disability of the above named client.

Remarks: _____
_____
_____

I filed an application for _____ with the West Virginia Department of Health and Human Resources on (date) _____. I hereby authorize the Social Security Administration to release to the West Virginia Department of Health and Human Resources any medical reports in my Social Security Disability Claims file and/or my Supplemental Security Income Claims file.

_____ _____
Signature Date

REPORT FROM SOCIAL SECURITY ADMINISTRATION:

1. Client's file is temporarily out of the office. Reports will be provided on _____ (approximate date).
2. Medical reports as requested are attached.
3. Medical reports are not available because client's file is permanently out of office.
4. No medical reports were obtained. Claim disallowed for other reasons.

Remarks: (SSA) _____
_____
_____

Return to:
West Virginia Department of Health and Human Resources
(Worker fills in
County Office Address)