



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

SPECIALIST CONSULTATION

Case Name: _____
 MA ID/Pending Medicaid No.: _____
 Patient's Name: _____
 Patient's Birthdate: _____
 Patient's SSN: _____

Dear Dr. _____ :

The West Virginia Department of Health and Human Resources must make a determination of the above-named patient's disability. The Medical Review Team has requested a consultation by a _____ Specialist.

_____ has an appointment with you on _____.

Laboratory procedures, if necessary for the consultation, must be provided by independent laboratories or hospital laboratories certified for Medicaid participation. You may order the procedure(s) and the laboratory/hospital will bill the Department directly. Please furnish the identifying information of the individual to the laboratory/hospital for billing purposes.

Please mail the report to me. Charges for this consultation should be made **using** the appropriate agency billing form with this letter attached and mailed to:

West Virginia Department of Health and Human Resources
 Unisys
 Post Office Box 3767
 Charleston, West Virginia 25337

The billing **must** be for the consultation only. No payment will be made for any other services billed on the invoice. Payment will be made to Medicaid **providers** only.

Sincerely yours,

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