



**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**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 examining physician and/or Medical Review Team has requested a consultation by a \_\_\_\_\_ Specialist.  
(Type of Specialist)

\_\_\_\_\_ has an appointment with you on \_\_\_\_\_.  
(Name of Applicant) (Date)

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 over 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 is to be made 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,

Representative  
WV DHHR

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