



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

