

<<RequestedDate>>

Site Information

Site ID:	<<Site.Id>>
Site Name:	<<Site.Name>>
Site Address:	<<Site.Address.Line1>> <<Site.Address.Line2>>, <<Site.Address.City>>, <<Site.Address.State>> <<Site.Address.PostalCode>>
Site Phone:	<<Site.PhoneNumber>>

Vermont Medicaid requests medical records be sent within ten (10) business days, in one of the following ways:

PLEASE INCLUDE THIS COVER SHEET WITH THE RECORDS

PLEASE DO NOT SEND THIS REQUEST TO ANY PRINTING/COPY SERVICES

Records can be sent by:

1. Uploading the record image to Cotiviti's secure portal at www.submitrecords.com, enter your Client Identifier: ##### and select the files to be uploaded.
2. Secure fax to ###-###-####; or
3. US Postal Service
C/O Cotiviti-####
<<ReturnAddress>>
Box #####
<<ReturnAddress2>>

If you are unable to process in house, please utilize one of the following methods:

4. Remote EMR Downloading
 - Please call 801-506-1998 for remote EMR set up or any questions regarding remote EMR retrieval services

<<rs_Requests>>

Patient Information

Member Name	Date of Birth	Member ID	Request ID
<<CLAIMANT_NAME>>	<<ClaimantDob>>	<< CLAIM_NUMBER >>	<<RequestID>>

HEDIS Measure: <<HedisMeasure>>

<<HedisMeasureRequirements>>

Date of Service: <<DOS>>

All medical records must contain: Patient Name, Patient DOB, Name of Provider, and Service Date(s)

If unable to return any of the required documents above, please check one of the following reasons

- This patient is not on our list of assigned patients and has never been seen here.
- Patient was not assigned to us during the time frame of the measure, no transfer records available.
- Patient not seen by us during the timeframe of the measure. Visit dates: 1st:_____ Last:_____
- This office has multiple physicians and they share one Medical record per patient. The record was previously submitted
- Patient records are not kept at this site. Records may be obtained at the following site
Location Name: _____ Phone: _____
- Other, Explain: _____

<<es_Requests>>

The content contained within this transmission may contain confidential information belonging to the sender and intended receiver that is protected by state and/or federal laws. You may be exposed to legal liability if any information is disclosed to another person not a part of intended recipient. This information is solely for the use of the addressee listed above. If you are not the intended recipient listed or agent of the entity listed above, be advised that any disclosure, copying, distribution, or any other means of communicating the sensitive information contained within this transmission is strictly prohibited. If you have received this transmission in error, notify the sender immediately or call 877-489-8437 to arrange for appropriate return of the confidential information contained within.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

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