VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

<<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>>

Time-sensitive request for medical records for the measure(s) requested
Please send a copy of the full record within ten (10) business days of receipt of this request Action Required:
Please return a copy of the requested record(s) for the measure(s) of the Vermont Medicaid member(s) listed below. Please return these records within ten (10) business days.

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

If you have any questions regarding this medical record request please contact Cotiviti directly at 877-489-8437.

Site ID: <<Site.Id>>

Member Name	Date of Birth	Date of Service	HEDIS Measure	Request ID
<<rr_Requests>>				
<<CLAIMANT_NAME>>	<<ClaimantDob>>	<<DOS>>	<<HedisMeasureRequirements>>	<<RequestID>>
<<er_Requests>>				