

<<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](http://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>>

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

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