<<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>>