This form may be filled in on the computer. Print and fax to Third Party Division at FAX (334) 353-5375
Information filled in on the computer will NOT be saved when the document is closed. Print a copy before closing.

Alabama Medicaid Agency

Request for Medical Records

All fields must be completed to expedite requests.

Records Requested By ◯ Attorney ◯ Recipient ◯ Insurance Company ◯ Provider

Name/Firm _____

Address _____

Phone _____ Claim # (if applicable) _____

☐ I am requesting a letter from Medicaid to obtain medical records from a medical provider. (Medicaid will notify the requestor of any Medicaid subrogation/assignment interest. Medicaid will sign and return the form to you. Please present it to medical providers when requesting medical records.)

Medicaid Recipient Information

Name _____

Date of birth _____ SSN or Medicaid Number _____

Date of injury / Onset of medical problem _____ Initial complaint _____

Type of accident / injury _____

☐ I am requesting Medicaid payment information / copies of claims paid by Medicaid.

Under HIPAA regulations, this request must be accompanied by a signed authorization releasing this information to you.

☐ I am forwarding a request for medical records received from an attorney / insurance company or other entity.

Requests for medical records relating to tort actions should be directed to:

Barry Fencher (334) 242-5312	OR	Sunni Brazile (334) 242-2322	Alabama Medicaid Agency 501 Dexter Avenue P. 0. Box 5624 Montgomery, AL 36103-5624

For Completion by Third Party Division

Medicaid has no objection to release of information to the requesting party related to the above-stated date of injury/medical care. (Any released records must have stamped or written in a prominent place the following statement: **MEDICAID HAS SUBROGATION/ASSIGNMENT RIGHTS**)

_____ _____

Barry Fencher or Sunni Brazile Date

Created 3-7-2006