

This form may be filled in on the computer. Print and fax to Health Management Systems (HMS) at FAX (866) 274-5974. Information filled in on the computer will NOT be saved when the document is closed. Print a copy before closing.

Alabama Medicaid Agency

Notification of Request for Medical Records from Provider All fields must be completed and submitted by medical provider.

Records Requested By Attorney Recipient Insurance Company Provider

Name/Firm _____

Address _____

Phone _____ FAX _____ Claim # (if applicable) _____

Medicaid Recipient Information

Name _____

Date of birth _____ SSN or Medicaid Number _____

Reason for Request of Medical Records _____

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

Type of accident / injury _____

I am forwarding a request for medical records received from an attorney, recipient, or insurance company.

Direct requests for medical records relating to tort actions to:

Health Management Systems
Attention: AL Case Management Unit
PO Box 240756
Montgomery, AL 36124
Toll Free Telephone: 1-877-252-8949
Email Address: alcasualty@hms.com