

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

Request for Medical Records

All fields must be completed to expedite requests.

Records Requested By Attorney Recipient Insurance Company Provider

Name/Firm _____

Address _____

Phone _____ FAX _____ Claim # (if applicable) _____

I am requesting medical records from the following medical providers:

(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 _____

Reason for Request of Medical Records _____

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.

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

For Completion by Third Party Division/HMS

Medicaid acknowledges receipt of the Request for Medical Records 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**).

Zeffie Smith or Chavon German

Date