PO Box 9310
Minneapolis, MN 55440-9310
952-992-2900

Date:

Provider Name
Provider Address Line 1
Provider Address Line 2
City, State and Zip

Attn: Medical Records Department Case Number:

RE: Medical Records Request

Medica is requesting records to carry out treatment, payment or health care operations.

Please remit complete records for the following patients, which should also include but are not limited to:

- Activities of daily living (ADL) sheet, including flow sheets and/or logs
- Admission assessments
- Anesthesia records (including time of anesthesia administration)
- Case management notes
- Change of therapy (COT) assessment
- Consultation notes
- Diagnosis notes, including past medical history
- Discharge/transfer summaries
- Emergency department reports
- Evaluations: any evaluation related to the service provided
- Face sheets
- Face-to-face encounter documentation
- For durable medical equipment/home infusion/home health: delivery receipts for supplies or drugs/proof of delivery
- For inpatient rehabilitation: patient assessment instrument (PAI)
- For skilled nursing facilities: minimum data set (MDS)
- Itemized bill
- Laboratory and pathology reviews: Clinical reviews of pathology claims often require additional information to make determinations. Medical records from the ordering physician, as well as the requisition form and lab results, are necessary to complete a full and fair review of the pathology

claim. Please note that this documentation will be requested from the entity that submitted the pathology claim.

- Laboratory reports and X-rays from ordering physician, along with written interpretations of X-rays, tests and/or laboratory results
- Letter/certificate of medical necessity (CMN) for services
- Nurse, physician or any other healthcare professional's progress, treatment, SOAP (subjective/objective assessment and plan), dietary notes and daily notes
- Operating reports and records
- Operative reports
- Patient history
- Physical exam
- Physician office records: complete records, including office visit documentation, demographic/face sheet, patient history, laboratory and procedure results and all correspondence with other physicians and other healthcare professionals, including consultation requests and reports
- Physician orders
- Plans of care (POCs), treatment plans (tried and failed conservative treatments) and any related evaluations and updates or re-certifications for the time period during which the patient was treated. The POC and re-certifications should be signed by a physician.
- Pre-anesthetic evaluation
- Preoperative and postoperative notes
- Prescriptions
- Progress notes
- Skilled nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy and medical social worker (MSW) documentation, including notes and therapy logs that detail the number of minutes each service was provided
- Test orders/results/reports including, but not limited to, pathology, radiology and laboratory (include results, when applicable)
- Treatment notes

Patient ID	Patient Last Name	Patient First Name	Date of Birth	Date of Service

If you have any questions, please reach out to me directly at XXX-XX-XXXX. **Please fax the records to 952-992-2401** or mail to the address listed below ***by <30 days from mailing date>:***

Medica
Attn: Payment Integrity
CW230-PI
PO BOX 9310
Minneapolis MN 55440-9310

Sincerely,

{Analyst's first name and last initial}
Payment Integrity