

Medical Records

Scan Sheet



HealthChoice

This scan sheet is required to match submitted medical records to the correct claim.

Department of Corrections

Complete a scan sheet for each claim for which you are submitting medical records.

Department of Rehabilitation Services

Medical records received without a scan sheet will be returned to the provider.

Today's Date (mm/dd/yyyy)

Please use black ink when completing this form.

1		/		/	2	0		
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Member	First Name																												
	2																												
	Last Name																												
	Member ID#.....Or.....Member Social Security Number																												
3																													

Patient	4 Same as Member <input type="checkbox"/> If not, provide patient first and last name below:																											
	First Name																											
	5																											
Last Name																												

Claim	Claim #															7 Claim Type HealthChoice <input type="checkbox"/> Group ID: HCOK Department of Corrections <input type="checkbox"/> Group ID: DOCOK Department of Rehabilitation Services <input type="checkbox"/> Group ID: DRSOK	
	6	O	K	1													
	Date of Service (mm/dd/yyyy)																
	8		/		/	2	0										

Provider	Provider Name																												
	9																												
	Provider NPI#																												

Send completed scan sheets and medical records for **HealthChoice** to:
 P. O. Box 99011
 Lubbock, TX 79490
 Questions: Call Customer Care at 800-323-4314

Send completed scan sheets and medical records for the **Department of Corrections** to:
 P. O. Box 16532
 Lubbock, TX 79490
 Questions: Call Customer Care at 800-323-3710

Send completed scan sheets and medical records for the **Department of Rehabilitation Service** to:
 P. O. Box 16485
 Lubbock, TX 79490
 Questions: Call Customer Care at 800-285-6815