

**OMCFH**  
**Materials Management**  
**900 Bullitt Street**  
**Charleston, WV 25301**  
**Phone: 304-558-3417**  
**Fax: 304-558-1524**

**HealthCheck Program**  
**PROVIDER REQUEST FORM**  
**EXAM FORMS**



Date \_\_\_\_\_

Provider/Clinic Name \_\_\_\_\_ Medicaid ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Signature \_\_\_\_\_

AMT	ITEM CODE	FORMS	UNIT DESCRIPTION	AMT	ITEM CODE	FORMS	UNIT DESCRIPTION
	P901	Medical History Form Birth to 6 years	100/pad		P957	PHS - 18 month	100/pad
	P902	Medical History Form 7 to 20 years	100/pad		P958	PHS - 2 year	100/pad
	P928	WHO Growth Chart (Girls - Birth to 24 months)	100/pkg		P969	PHS - 2 ½ year (30 month)	100/pad
	P929	WHO Growth Chart (Boys - Birth to 24 months)	100/pkg		P959	PHS - 3 year	100/pad
	P930	Growth/BMI Chart (Girls-2 years to 20 years)	100/pkg		P960	PHS - 4 year	100/pad
	P931	Growth/BMI Chart (Boys-2 years to 20 years)	100/pkg		P961	PHS - 5 year	100/pad
	P950	Preventive Health Screen (PHS) - 1 day to 4 weeks	100/pad		P962	PHS - 6 year	100/pad
	P951	PHS - 2 month	100/pad		P963	PHS - 7 year and 8 year	50/pad
	P952	PHS - 4 month	100/pad		P964	PHS - 9 year and 10 year	50/pad
	P953	PHS - 6 month	100/pad		P965	PHS - 11, 12, 13 and 14 years	50/pad
	P954	PHS - 9 month	100/pad		P966	PHS - 15, 16 and 17 years	25/pad
	P955	PHS - 12 month	100/pad		P967	PHS - 18, 19 and 20 years	25/pad
	P956	PHS - 15 months	100/pad		P968	Vaccine Administration Record	100/pkg

**Please fax or mail this form to OMCFH Materials Management to order your materials.**



*OMCFH/HealthCheck/Revised 04-2013*



West Virginia Department of Health and Human Resources