

Medical Record Submission/Member List

Please use this form when submitting medical records on behalf of your Today's Options® PFFS/PPO/HMO patient, including documentation related to Annual Physical Exams and Quality Measures.

Instructions

- Type directly into the open fields or print the form and complete it by hand.
- Check each box that corresponds to the record you are submitting.
- Fax or e-mail the cover sheet and medical records as indicated below.

Physician Name: _____ Contact Name: _____

Total # of Pages: _____ Phone Number: _____

Member Name(s): First and last names/middle name or initial

- | | | |
|-----------|---|--|
| 1. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 2. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 3. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 4. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 5. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 6. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 7. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 8. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 9. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 10. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |

Submission of Medical Records

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|---|--|
| <ul style="list-style-type: none">• Annual Physical (H&P) Program:<ul style="list-style-type: none">– Fax #: 713-838-346– Email: RiskAdjustment@UniversalAmerican.com | <ul style="list-style-type: none">• Quality Measure Documentation (PQPP/HEDIS):<ul style="list-style-type: none">– Fax #: 844-879-4412– Email: QualityMeasures@UniversalAmerican.com |
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