



March 21, 2022

Test Provider Health Group  
Test Health Department  
123 Main St  
Suite 101  
New York City, New York, 12345

Re: NOTIFICATION OF PREPAYMENT REVIEW – REQUEST FOR MEDICAL RECORDS  
Provider Number: 7777-01

Dear Provider,

Optum, on behalf of **Meridian**, will review claim(s) for services provided by the above referenced provider. The review will verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services billed. Please provide medical records for the claims listed on the following page within 30 calendar days of this request. Failure to submit the requested medical records will result in denial of claim payment.

For each claim listed on the enclosed spreadsheet, please submit all of the documents listed below:

- The enclosed identifying cover sheet that references the specific claim
- A copy of the claim form or paper substitute of an electronic claim
- Complete medical records to include history and physical, office/treatment records, consultation reports, operative reports, plan of care, activity sheets/logs, time sheets, anesthesia and recovery room records and discharge summaries, if applicable
- Infusion flow sheets or medication administration logs, if applicable
- Orders for and results of diagnostic tests, including pathology, radiology and laboratory, if applicable
- For DME, include order/prescription, orthotists notes, if applicable, and proof of delivery verifying receipt of any device/equipment/supplies
- For all drug codes, as applicable, include the National Drug Code (NDC) information, drug name, units, provider Health Resources & Services Administration (HRSA) grant number and information, along with invoice with the acquisition cost for the individual drugs
- Itemization of services billed for the above dates

If applicable, please provide a legible interpretation of these records in English.

**Meridian** appreciates the service you provide our members and looks forward to a long standing partnership improving the health of our communities one member at a time. Please note, failure to submit medical records within the 30-day timeframe will result in denial of payment.

Thank you in advance for your cooperation and help. If you have any questions or concerns, please feel free to contact us at 877-564-7503.

Sincerely,

**Optum**