

PLEASE CHECK <input type="checkbox"/> Outpatient Medical Record <input type="checkbox"/> Inpatient Medical Record		DATE	APPOINTMENT TIME	<b>UCLA HEALTHCARE Medical Records Request Form</b>	
<b>MEDICAL RECORD NUMBER – PLEASE PRINT</b>					PMO Use Only
			-		
			<b>PURPOSE OF REQUEST Check One</b>		
PATIENT NAME			Treatment		
BIRTHDATE			Payment		
REQUESTED BY			Coding		
DEPT/BLDG			Billing including claims preparation, claims adjudication & substantiation of services		
ROOM			Utilization Review		
EXTENSION			Third Party Payer Reviews (including CMRI Reviews)		
<b>FOR MEDICAL RECORDS USE ONLY</b>			<b>Healthcare Operations</b>		
COMMENTS			Peer Review Committee activities		
DATE			Quality Management reviews including outcome & Safety reviews		
EXTENSION			Documentation Reviews		
NAME			Teaching		
DEPT			Medical Correspondence Department requests for disclosure of records with patient authorization		
SB		OFF-SITE STORAGE	Compliance Reviews including auditing, fraud & abuse detection & prevention		
PAPERS ONLY		SHELF	Risk Management & University legal counsel reviews		
TEMP CHART		MULTI-VOLUME			
		TUBE NO.	<i>Research</i>		
<b>CHART TRANSFERS</b>			<i>Subpoena</i>		
<b>COMPLETE BELOW AND SEND TO MEDICAL RECORDS</b>			<i>Court Orders</i>		
TRANSFERRED TO: (Print Name)			<i>Workers Compensation</i>		
EXTENSION	ROOM NO.	DATE	<i>Mandatory Reporting</i>		
			<i>Accreditation Surveys</i>		
			<i>Law Enforcement</i>		
			<i>Governmental Agencies</i>		