

**REQUEST FOR ASSISTANCE (RFA)**

**ZPIC Zone 4**

Date of Request:	
<b>REQUESTOR'S INFORMATION</b>	
Requestor Name:	Physical Address:
Organization: <input type="checkbox"/> OIG <input type="checkbox"/> DOJ/FBI <input type="checkbox"/> OAG/MFCU  <input type="checkbox"/> Strike Force <input type="checkbox"/> Other:	
Telephone:	E-mail:
Mobile Phone:	Facsimile:
Date Required:	
<b>ITEMS REQUESTED</b>	
<input type="checkbox"/> Discussion with a clinician.  <input type="checkbox"/> Assistance with locating Medicare regulations.  <input type="checkbox"/> Assistance with medical records.	
<b>MEDICAL RECORD REVIEWS</b>	
<b>Required Information for Medical Review Requests:</b>	
<input type="checkbox"/> Medical Review with report.  <input type="checkbox"/> Cursory medical review (five or less medical records).	
<b>Required criteria for all medical record reviews:</b>	
Type of medical service _____	
Number of records/patient charts _____	
Number of beneficiaries _____	
Total number of pages to be reviewed _____	

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Total number of CPT codes involved _____  Electronic or paper records/documents _____										
Purpose of Requested Items:  <input type="checkbox"/> Indictment (estimated date) _____ / _____ / _____  <input type="checkbox"/> Search Warrant (estimated date) _____ / _____ / _____  <input type="checkbox"/> Trial Preparation (if checked, trial date must be provided) _____ / _____ / _____										
Subject Name:	<input type="checkbox"/> Provider <input type="checkbox"/> Beneficiary  <input type="checkbox"/> Other: _____									
Subject Address:										
List <b>ALL</b> available identification numbers related to this request:  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Individual NPI:</td> <td style="width: 33%;">Group NPI:</td> <td style="width: 33%;">Tax ID:</td> </tr> <tr> <td>Individual PIN:</td> <td>Group PIN:</td> <td>UPIN:</td> </tr> <tr> <td>Medicaid ID:</td> <td>HICN (if beneficiary):</td> <td></td> </tr> </table>		Individual NPI:	Group NPI:	Tax ID:	Individual PIN:	Group PIN:	UPIN:	Medicaid ID:	HICN (if beneficiary):	
Individual NPI:	Group NPI:	Tax ID:								
Individual PIN:	Group PIN:	UPIN:								
Medicaid ID:	HICN (if beneficiary):									

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*The information sought in the request is required to be produced to the Office of Investigations pursuant to the Inspector General Act of 1978, 5 U.S.C. App. The information is also sought by the Office of Inspector General in its capacity as a health oversight agency, and this information*

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*is necessary to further health oversight activities. Disclosure is therefore permitted under the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.501; 164.512(a); and 164.512(d).*

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**NOTE:** This form must be signed by the requestor prior to the release of any data.

**Submit via secure fax to the Z4 Data Team at 410.820.0164**

Or mail to:

Amy Martin

Administrative Assistant

Health Integrity, LLC - ZPIC Zone 4

28464 Marlboro Ave

Easton, MD 21601

\*\*Requests that **do not** contain PHI can be sent via email to [martina@healthintegrity.org](mailto:martina@healthintegrity.org)

Questions concerning the formulation of this request or any data related questions may be directed to:



*Donna Large, RN, MSN*

*Law Enforcement Liaison*

Health Integrity, LLC – ZPIC Zone 4

Dallas, TX

Direct Dial: 972.619.0695

[larged@healthintegrity.org](mailto:larged@healthintegrity.org)

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**FAX COVER SHEET**

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To: Amy Martin		Fax Number: 410.820.0164	
Administrative Assistant			
Phone Number: 410.763.6226			
866.886.2658, ext. 11060			
From:		Phone Number:	
Agency:		Fax Number:	
Notes:			

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Once received, a confirmation email will be sent.

**Please ensure the HIPAA form is signed as we are unable to complete unsigned requests.**

This message is confidential and may contain information that is privileged or protected from disclosure under applicable law. It is intended solely for the individual or entity to whom it is addressed. If you receive this message in error, please notify the sender immediately, and delete and destroy the original message. This message does not necessarily express the corporate opinion of Health Integrity and does not serve to bind Health Integrity to any order or contract unless supported by an explicit written agreement.