Farm Bureau Health Plans
Phone 877-874-8323
fbhp.com

REQUEST FOR MEDICAL RECORDS

Attention Provider: Any expense incurred in obtaining medical records is to be paid by the applicant.

Date: _____
Primary Applicant Name: _____ Patient Name: _____
Address: _____ DOB: _____
City, ST, Zip: _____ County Office: _____

The following medical information is required for children, **Newborn through 2 months of age**, who are applying for coverage.

Please have a physician attach the medical information needed:

- **COPY OF MEDICAL RECORDS REGARDING ALL PEDIATRIC VISITS FROM BIRTH TO PRESENT**
- **COPY OF THE NEWBORN METABOLIC SCREENING RESULTS**
- **IMMUNIZATION HISTORY OR STATEMENT OF INTENT TO IMMUNIZE**

A review of the required medical records may prompt a request for additional medical information to accurately underwrite and process the application.

Note: **The required medical records must be received within 30 days of the date the application is submitted or the requested effective date requested, whichever is later.**

In addition to attaching medical records, any information the physician feels is necessary may be provided in the space below.

_____
_____
_____
_____
_____

_____ _____
Applicant Signature **Date**

_____ _____ _____
Physician Name (Please Print) **Physician Signature** **Date**

Instructions for Submitting Medical Records.

Please submit both pages of the form along with any supporting medical records using one of the methods below:

Email: underwritingforms@fbhp.com | **Fax:** 931-560-4293

Secure Portal Upload:
You may upload your documents via our secure portal using one of the following methods:

Option 1: Log in to the Application Portal

- Log in using the credentials you created when submitting your application.
- Once logged in:
  - Select 'Applications' in the red navigation bar.
  - Select 'Upload Medical Records'
    - Select 'New File'
    - Enter a file name
    - Click 'Upload Files'
    - Select 'Save' and then 'Submit' to complete the upload.

Option 2: Call 877-874-8323 to request a link be emailed to you

- Click the link provided in the email requesting your medical records.
- Enter the passcode sent in a separate email.
- If you do not have an account, click 'Registration' to create one.
- Once logged in:
  1. Select 'New File'
  2. Enter a file name
  3. Click 'Upload Files'
  4. Select 'Save' and then 'Submit' to complete the upload.

File Requirements

- Maximum file size: 50 MB
- Accepted format: PDF only
- File name must be 100 characters or fewer

Applicants are encouraged to keep a personal copy of all medical records submitted.

To obtain a copy of medical records the applicant must contact the Privacy Office at 877-874-8323. There will be a charge for the return of medical records.

Please note that coverage is not guaranteed and is contingent upon meeting all underwriting requirements, including an evaluation of your health history and condition.

Additional helpful information regarding medical record submission:

Altered Medical Records
Any alterations (covered, redacted, or assembled sections of medical records) render the entire document unacceptable.

Lipid Panel
A complete lipid panel is required and includes the following: Total Cholesterol, HDL – High-Density Lipoprotein, LDL Low-Density Lipoprotein, *and* Triglycerides. *Lipid panels from Wal-Mart, CVS, or other pharmacies are acceptable.*

Pictures and Screenshots
Avoid submitting pictures of medical records. Images are often distorted and unreadable.

Third-Party Vendors
Medical records from third-party vendors should be sent directly to the applicant—not to FBHP—because a passcode is required to access the records, and FBHP does not have access to the passcode.