

**Georgia Department of Human Services
Division of Family and Children Services
ABD SMEU Medical Records Cover Sheet**

Applicant Instructions

You have applied for Medicaid as a disabled individual. As part of the application, you are requested to provide medical records to support the claim of disability. Please see below the instructions for submitting these records.

- Place this cover letter on top of the medical records you submit to DFCS in support of your Medicaid application.
- Submit your records to your case worker using the contact information below.
- Do not upload your medical records to your Gateway account.
- Do not attach items such as bank statements, medical bills, or proof of income to this cover sheet. This is for your medical records only.

**Contact Information for Submission of Medical Records
(to be completed by Case Worker):**

Case Worker Name: _____

Case Number: _____

Email: _____

Fax: _____

Mail: _____

County Instructions

- *Do not scan these medical records into DIS.*
- If Medical Records are received at the front desk, forward them directly to the assigned case worker.
- Complete the portion below and upload only this cover sheet to DIS to show when the records were sent to case worker.
- Any other items submitted with medical records should be uploaded to DIS.

To Be Completed By County Staff

Date received in county: _____

Date emailed to case worker: _____

Printed name of person who received records: _____