

WV HealthCheck Program

Provider Request Form/Exam Forms

Date: _____
 Provider/Clinic Name: _____
 Medicaid ID#: _____
 Physical Street Address: _____
 City/State/Zip: _____
 Telephone: _____
 Contact Person: _____

OMCFH
 Materials Management
 900 Bullitt Street
 Charleston, WV 25301
 Phone: 304-558-3417

Fax or mail this form to order your materials →

Fax: 304-558-1524

AMT	ITEM CODE	FORMS	UNIT DESCRIPTION	AMT	ITEM CODE	FORMS	UNIT DESCRIPTION
	P901	Medical History Form Birth to 6 years	100/pad		P959	PHS 3 years	100/pad
	P902	Medical History Form 7 to 20 years	100/pad		P960	PHS 4 years	100/pad
	P928	WHO Growth Charts Girls Birth to 24 months	100/pad		P961	PHS 5 years	100/pad
	P929	WHO Growth Charts Boys Birth to 24 months	100/pad		P962	PHS 6 years	100/pad
	P930	Growth/BMI Chart Girls 2 years to 20 years	100/pad		P963	PHS 7 year and 8 year	100/pad
	P931	Growth/BMI Chart Boys 2 years to 20 years	100/pad		P964	PHS 9 year and 10 year	100/pad
	P950	Preventive Health Screen Form (PHS) 1 day to 4 weeks	100/pad		P965	PHS 11, 12, 13, and 14 years	100/pad
	P951	PHS 2 months	100/pad		P966	PHS 15, 16 and 17 years	100/pad
	P952	PHS 4months	100/pad		P967	PHS 18, 19 and 20 years	25/pad
	P953	PHS 6 months	100/pad		P968	Vaccine Administration Record	100/pkg
	P954	PHS 9 months	100/pad		P972	Toddler Poster (boy) (16 x 20)	each
	P955	PHS 12 months	100/pad		P973	Adolescent Poster (girl) (16 x 20)	each
	P956	PHS 15 months	100/pad		P974	Baby Poster (16 x 20)	each
	P957	PHS 18 months	100/pad		P975	Periodicity Poster (22 x 17)	each
	P958	PHS 2 years	100/pad		P976	HealthCheck Brochures	100/pkg
	P969	PHS 2 ½ years (30 months)	100/pad		P977	Patient Appointment Postcard	100/pkg

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DHHR/BPH/OMCFH/HealthCheck Revised 03-2017