



Outreach ID:

Site ID:

Chart Review Request

To: _____	Date: MM/DD/2023 _____
Fax Number: _____	Phone Number: _____

ACTION REQUESTED: Please respond within 8 days of receipt of this request.

Ciox has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Upload the medical records to Ciox's secure provider portal at <https://www.cioxlink.com> using the following credentials:

- Username: C34765843
- Password: eeE4^fe8

2. REMOTE EMR Retrieval:

Set up secure remote connection from a provider site's EMR directly to Ciox for timely off-site remote retrieval of records with trained associates at Ciox by contacting 1-877-445-9293

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Ciox Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Ciox by contacting 1-877-445-9293

4. FAX:

Send secure faxes to 1-972-957-2216

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to: CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Ciox at 1-877-445-9293 and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Ciox
1-877-445-9293
chartreview@cioxhealth.com

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.