Request a Hardcopy

City: State: Zip Code:	Name:
State: Zip Code: Telephone Number: E-mail Address: Hardcopy Requested: State Health Plan (\$50)	Street or Box:
State: Zip Code: Telephone Number: E-mail Address: Hardcopy Requested: State Health Plan (\$50)	City:
Telephone Number: E-mail Address: Hardcopy Requested: State Health Plan (\$50)	State:
E-mail Address: Hardcopy Requested: State Health Plan (\$50)	Zip Code:
Hardcopy Requested: State Health Plan (\$50)	Telephone Number:
Hardcopy Requested: State Health Plan (\$50)	E-mail Address:
☐ State Health Plan Annual Report (\$50)	_ Hardcopy Requested:
☐ MacQuest Consulting attachments (no charge)	. , ,

Please print form and mail with payment. Remittance should be addressed to:

Ruth Koontz, Secretary

Planning and Policy Development Division West Virginia Health Care Authority 100 Dee Drive Charleston, West Virginia 25311-1600