Attachment IV

MBI-WPD BATCH TRANSMITTAL FORM

LDSS NAME: _____

LDSS CONTACT: _____

CONTACT PHONE NUMBER: _____

CONTACT FAX NUMBER: _____

DATE OVERNIGHTED: _____ **# OF CASES IN BATCH:** _____

CASE #	CIN #	CASE NAME (LAST, FIRST)	DISABILITY REVIEW REQUIRED YES/NO	DOCUMENTATION COMPLETE YES/NO