

Request a Hardcopy

Name: _____

Street or Box: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Hardcopy Requested:

- State Health Plan (\$50)
- State Health Plan Annual Report (\$50)
- 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