

Utah Medicaid Documentation Submission Form

Please check the type of documentation you are submitting

Emergency Only Documentation
Fax 801-536-0475

EOB Fax (non-Medicare) 801-536-8513
Fax (Medicare) 801-323-1584

Manual Review Documentation
Fax 801-536-0463

Consent Form
Fax 801-237-0745

Timely Filing Documentation
Fax 801-536-0164

Other Documentation
Fax 801-536-0481

Please fill out as much information as you have regarding the documentation being submitted.

Date: _____ **Claim
TCN: _____

*Billing
Provider NPI: _____ Provider
Name: _____

Provider
Office
Contact: _____ Contact
Phone
Number: _____

*Recipient ID
Number: _____ Recipient
Name: _____

*Date of
Service: _____ Medical
Records
Number: _____

*Required fields

**Preferred for accurate matching

Notes/Comments: _____

Any documentation submitted after April 1, 2011 without this form will be returned.