Provider Contact and Service Information

Please provide the following information in order to allow Medicaid to list you as an ABA provider on our website at http://health.utah.gov/ltc/asd. This form can be submitted to sdowns@utah.gov or faxed to 801-323-1593.

Provider Name: _____

Provider Phone #: _____

Provider Website: _____

Service Area: (please check all which apply):

☐ **STATEWIDE** (leave county selections blank if checked)

☐ Beaver County	☐ Box Elder County	☐ Cache County	☐ Carbon County
☐ Daggett County	☐ Davis County	☐ Duchesne County	☐ Emery County
☐ Garfield County	☐ Grand County	☐ Iron County	☐ Juab County
☐ Kane County	☐ Millard County	☐ Morgan County	☐ Piute County
☐ Rich County	☐ Salt Lake County	☐ San Juan County	☐ Sanpete County
☐ Sevier County	☐ Summit County	☐ Tooele County	☐ Uintah County
☐ Utah County	☐ Wasatch County	☐ Washington County	☐ Wayne County
☐ Weber County			

I acknowledge that I am requesting that Medicaid provide this information and am responsible for keeping the Bureau of Authorization and Community Based Services up to date with any changes that may be required.

_____ _____

Signature of Provider Representative *Date*