UTAH DEPARTMENT OF
HEALTH

Division of Medicaid
and
Health Financing

ADDITIONAL INFORMATION
FAX COVER SHEET

(Submit all additional information with this cover sheet)

RESIDENT NAME: _____

DOCUMENT #: _____

FACILITY NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

FAX NUMBER: _____

RESIDENT ASSESSMENT UNIT
PO Box 143111
Salt Lake City, UT 84114-3111
Phone Number: (801) 538-6155
Fax Number (801) 536-0970