

Consent for Combining Admission Form

Division of Health Care Financing
Bureau of Program Integrity
P.O. Box 143103
Salt Lake City, UT 84114-3103

RE: _____

Medicaid ID#: _____

Case #: _____

DOS: _____

The complete medical records for admissions within 30 days for the same or similar DRG's have been reviewed for the above client. As a result of our reviews, we agree the admissions should be combined. It is our understanding reimbursement will be authorized for only one DRG. The additional funds received will be recovered by Medicaid.

Signature

Date

Print Name

Title

Agency