Revised 04/2018

Utah Medicaid Documentation Submission Form

☐ Manual Review Documentation
Fax 801-536-0463

☐ EOB Fax (Non-Medicare) 801-536-8513
Fax (Medicare) 801-323-1584

☐ Timely Filing Documentation
Fax 801-536-0164

☐ Consent Form
Fax 801-237-0745

☐ PPC Documentation
Fax 801-536-0974

☐ Other Documentation
Fax 801-536-0481

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

Date		*Claim TCN	
*Provider Name		*Billing Provider ID	
*Provider Office Contact		*Contact Phone Number	
*Contact Email		Contact Fax Number	
*Member Name		*Member Number ID	
*Date of Service		Medical Record Number	

Clear All

*Required fields

Notes Comments: _____

Save Form Print Form