

Utah Medicaid Documentation Submission Form for the Emergency Services Program for Non-Citizens

Fill this form out in its entirety. Required fields are mandatory. Forms not filled out properly and completely will not be processed.

Section 1: Submission Information

***All fields in this section are required.**

Contact Name: _____	Email Address: _____
Contact Phone Number: _____	Fax Number: _____
Billing Provider Name: _____	Servicing Provider Name: _____
Billing Provider NPI: _____	Servicing Provider NPI: _____

Claim TCN: _____ <small>(17 digits)</small>	Date of Service: _____
Additional Claim TCN: _____ <small>(17 digits)</small>	Date of Service: _____
Member ID: _____ <small>(As listed on Medicaid ID card)</small>	Member Name: _____ <small>(As listed on Medicaid ID card)</small>

Section 2: Document Checklist

Check all boxes that apply denoting documentation submitted.

- ER physician notes
- History & physical
- Daily physician progress notes
- Labs
- Medications record (MAR)
- Discharge Summary
- Properly executed Utah Medicaid Hysterectomy Acknowledgement Form
- Properly executed Utah Medicaid Abortion Acknowledgement Form

Notes/Comments:

Submit Document Submission Form by mail or fax to:

Bureau of Medicaid Operations
P.O. Box 143106
Salt Lake City, UT 84114-3106

Bureau of Medicaid Operations
288 North 1460 West
Salt Lake City, UT 84116

Fax: (801) 536-0475
Attachments: Contact UHIN.org

All claims are held for 60 days from the date of service and an additional 60 days to process the reviews.