

Utah Medicaid Documentation Submission Form for Timely Filing

Fax: (801) 536-0974

Please fill out all required fields on the form regarding the claim the documentation is being submitted for. Please note Forms not filled out properly and completely will not be processed.

| | |
|-------------------------|-------------------------------|
| Date: _____ | *Claim TCN: _____ |
| *Billing NPI: _____ | *Provider Name: _____ |
| *Office Contact: _____ | *Contact Phone #: _____ |
| *Contact Email: _____ | Contact Fax #: _____ |
| *Recipient ID #: _____ | *Recipient Name: _____ |
| *Date of Service: _____ | Medical Records Number: _____ |

*Required fields

***Notes/Comments:**