

# UTAH MEDICAID WARRANT & PUBLICATION REQUEST FORM

## REQUESTOR INFORMATION

Name (PRINT) (Required)		Title (Required)
Billing Company Name (if applicable)	( ) Phone # (Required)	E-mail Address (Required)
Address (Required)		Suite
City (Required)	State (Required)	ZIP Code (Required)
SIGNATURE		Date (Required)

## PROVIDER INFORMATION

Provider/Facility Name (Required)		NPI/Contract Number-Atypical (Required)
Tax ID Number (Required)	Contact Name (Required)	( ) Phone Number (Required)
Address (Required)		Suite
City (Required)	State (Required)	ZIP Code (Required)

**Warrant Tracer** (Paper Checks)

Warrant Date (Not Run Date)	Warrant # (Required)	Warrant Amount (Required)
Warrant Date (Not Run Date)	Warrant # (Required)	Warrant Amount (Required)
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**Fee Schedule Request**      **TM**      **NTM**      **PCN**      (Select Program which applies)

_____ <b>Physician</b>	_____ <b>Medical Supply</b>	_____ <b>Physical Therapy</b>	_____ <b>Other</b>
_____ <b>Dental</b>	_____ <b>Home Health</b>	_____ <b>Audiology</b>	(please specify) _____
_____ <b>Vision</b>	_____ <b>Podiatry</b>		

**Publication/Form Request**

\_\_\_\_\_  
499-A Sterilization / Hysterectomy Consent

\_\_\_\_\_  
Medicaid Information Bulletin Number (or Name): \_\_\_\_\_

\_\_\_\_\_  
PA-3 Prior Authorization

\_\_\_\_\_  
Disclosure of Information (Client) To/From (Circle)

\_\_\_\_\_  
Other Publication: \_\_\_\_\_

Manuals listed on back of form

Return Warrant & Publication Request Form by mail or fax to:

Bureau of Medicaid Operations  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Fax: (801) 536-0476

## CHECK PLAN REQUESTED

TRADITIONAL MEDICAID PLAN     NON-TRADITIONAL MEDICAID PLAN     PCN (PRIMARY CARE NETWORK)

### INDICATE TYPE OF MANUAL/SECTION BY CIRCLING OR A CHECK

Table of Contents/Welcome     Section 1     Section 2,3,4     General Attachments

Child Health Evaluation and Care: CHEC

Chiropractic Medicine

Dental, Oral Maxillofacial, and Orthodontia

General Attachments (all providers)

Home and Community-Based Waiver Services

- Autism Waiver
- Aged 65 and Over
- Brain Injury, Age 18 and Over
- Intellectual Disabilities
- Physical Disabilities
- New Choices Waiver
- Technology Dependent Children

Home Health Agency

Hospice

Hospital (includes End Stage Renal Disease, Free-standing Ambulatory Surgical Center)

Indian Health

Laboratory

Licensed Nurse Practitioner

Long Term Care

Medical Supplies

Medical Transportation

Non-Traditional Medicaid (NTM)

Personal Care

Pharmacy

Physical Therapy and Occupational Therapy

Physician (includes Anesthesiology, Laboratory Services)

Podiatry

Primary Care Network (PCN)

Psychology

Rehabilitative Mental Health and Substance Use Disorder Services

Rural Health Clinic and FQHC

School-Based Skills Development

Section I – General Information (all providers)

Speech, Language, and Audiology

Targeted Case Management:

- AIDS Patients
- Early Childhood
- Serious Mental Illness

Vision

Women's Services

\*\*Manuals are available on the Internet at <https://medicaid.utah.gov>

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