



**Provider Reimbursement Information System for Medicaid  
EHR Incentive Supporting Document Submission Cover Sheet**

**Provider NPI:** \*

**Document Type:** \*

**Document Name:** \*

**Contact Name:** \*

**Contact Phone Number:**  -  - \* **Ext:**

**INSTRUCTIONS (Instructions will not appear on the printed cover sheet):**

To complete this cover sheet, download this file and open in Adobe Reader 9.0 or higher.

To Print, please use ONLY the 'Print Cover Sheet' Button above.

**THIS COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX/MAIL WITH ALL SUPPORTING DOCUMENTATION BEHIND THIS COVER SHEET.**

**FAX to : (801) 536-0471**

**OR Mail to:  
Medicaid EHR Incentive Program  
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