Utah Medicaid Documentation Submission Form for Timely Filing

Fax: (801) 536-0974

Please ensure that all required fields are completed on the review form you are submitting and that all supporting documentation is attached.

Please note that any forms that are incomplete or improperly filled out 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:**

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