

# HEALTH | CHOICE

UTAH

## Clinical Documentation Submission Form

**This form is used to submit clinical documentation for claim lines denied Missing Documentation. Once clinical records are received, we will review to determine medical necessity and reprocess the claim.**

Claims denied for any other reason would need to follow the standard appeal process. You can find information on our appeal process at our website - <https://healthchoiceutah.com/members/member-services/>

If you have any questions, please contact us at 877-358-8797

Clinical Documentation for Medical Procedures Fax 801-587-3292

Clinical Documentation for Pharmacy Services Fax 801-213-7545

Please fill out as much information as you have regarding the documentation being submitted.

Date		*Claim Number	
*Provider Name		*Billing Provider NPI	
*Provider Office Contact		*Contact Phone Number	
*Contact Email		*Contact Fax Number	
*Member Name		*Member Number ID	
*Date of Service		Medical Record Number	

\*Required fields

Notes Comments: \_\_\_\_\_

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