



# 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://mountainhealth.coop/appeals/#appeals>

If you have any questions, please contact us at 855-447-2900

Clinical Documentation for Medical Procedures  
Fax 801-587-4813

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	<input type="text"/>
*Provider Name	<input type="text"/>	*Billing Provider NPI	<input type="text"/>
*Provider Office Contact	<input type="text"/>	*Contact Phone Number	<input type="text"/>
*Contact Email	<input type="text"/>	*Contact Fax Number	<input type="text"/>
*Member Name	<input type="text"/>	*Member Number ID	<input type="text"/>
*Date of Service	<input type="text"/>	Medical Record Number	<input type="text"/>

\*Required fields

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