## **COVER SHEET**

## **Utah Medicaid Sterilization/Hysterectomy Form**

Re: Services for Healthy U Medicaid Member  Patient:	Claim #:	
	Date of Birth:	
Rendering Provider:	Date of Service:	
Office Contact:	Phone:	
Fax to: 801-281-6121 Attn: Adjustment 1	eam	
Comments:		