

# Medicaid Form Orders

Copy and complete this form, and mail or fax it to the address or fax number on the form. Allow 3–4 weeks for delivery. Forms are available on the Provider Information website. To obtain CMS-1500, UB-04, or universal pharmacy claim forms contact a printing and publishing company. To obtain ADA dental forms, call (800) 947-4746.

<b>Montana Medicaid</b>		Date _____
<b>Medicaid Form Order</b>		
<b>Form Name</b>	<b>Quantity</b>	<b>Quantity</b>
Pharmacy (MA-5)	_____	Hysterectomy Form _____
Nursing Home (MA-3)	_____	Sterilization Consent _____
Dental PA Request (MA-4PA)	_____	Claim Inquiry _____
Adjustment Form	_____	Abortion Certification (MA-37) _____
<b>Provider Information</b>		
Billing Number _____	Name _____	Return form to: <b>Montana Medicaid</b>
Street Address _____	City _____ State _____ ZIP _____	<b>P.O. Box 8000</b>
		<b>Helena, MT 59604</b>
		<b>Fax (406) 442-4402</b>

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