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.

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