

# Request for Manual Adjustment of BTOTS Medicaid Eligibility Table

*Please FAX to Janice Boswell at 801-584-8496.*

## To be completed by Provider

<b>Submission Date</b>	
<b>Submitted By</b>	
<b>Child Name</b>	
<b>Child Alias</b>	
<b>BTOTS Child ID</b>	
<b>Eligibility Month</b>	
<b>New Eligibility Status</b>	
<b>Source of New Eligibility Information</b>	
<b>Notes/Comments</b>	
<b>Signature</b>	

## To be completed by BWEI

<b>Reviewed/Changed By</b>	
<b>Review/Change Date</b>	
<b>Notes/Comments</b>	