

Provider Name: _____ (Provider & Designee form continued)

Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date

Email this form to: USTEPS@utah.gov or Fax to (801) 538-4279 Subject Line: UPI

FOR OFFICE USE ONLY:

Provider Name: _____ Provider ID# _____

Primary Secondary

I have reviewed the above request and approve that this is the provider representative and Provider ID being used for this company:

DSPD Contracting Team Approval Signature: _____ Date: _____

UPI Provider Set Up Completed: _____ Date: _____
USTEPS Team Signature

UPI Provider Access Inactivated: _____ Date: _____
USTEPS Team Signature