



OGDEN PREPARATORY ACADEMY

Date: _____

Dear Utah Health Care Provider:

Constitution State Services is the Workers Compensation claims administrator for Utah Local Governments Trust and Ogden Preparatory Academy. Please send all bills related to the Workers Compensation claim for the employee named below to the following address and where possible, include the employee information below with your bill submission.

BILLING ADDRESS	P.O. Box 173762 (WC) Denver, CO 80217-3762
PHONE	800-227-1538
FAX	877-801-9674

Please direct questions to

Chris Rozelle
Claims Manager, ULGT
(801) 936-6400 ext. 1305

EMPLOYEE NAME: _____

DATE OF LOSS: _____

CLAIM NUMBER: _____

*Please send Claim Number Request, Discharge Summary,
Medical Treatment Report, and/or additional documentation to:*

Debbie Deem, Human Resources Director
Ogden Preparatory Academy
1435 Lincoln Avenue
Ogden UT 84404
Fax: 801-395-2267
Phone: 801-627-3066
ddeem@ogdenprep.org