

# Remittance Advice Sorting

**February 26, 2014**

Effective immediately, remittance advice will be sorted by Member Last Name.

You can also use the Alaska Medical Assistance Remittance Advice Sort Request form to request your remittance advice be sorted by any of the following indicators:

- Transactions Control Number (TCN)
- Prescription (RX) Number
- Claim Status
- Network
- Line of Business (LOB)
- Provider Number
- Date of Service
- Member ID
- Medical Record Number
- Member Name
- Provider Name

You may access the form at <https://medicaidalaska.com> (Documentation > Documents & Forms > Forms).

Complete the Alaska Medical Assistance Remittance Advice Sort Request form and mail it to:

Xerox Services  
Attn: Provider Enrollment  
P.O. Box 240808  
Anchorage, AK 99524-0808

If you have questions regarding accessing your remittance advice through Health Enterprise, please call the Provider Inquiry Unit at 907.644.6800, option 1, or toll-free in Alaska at 800.770.5650, option 1, 1 for assistance.

