



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Dental Service Authorization Update Request Form Now Available**

Issue Date: 01/25/2017

Run Length: 6 weeks

Provider Type(s): 030

Message: Effective February 27, 2017, requests to update an approved dental service authorization must be submitted on a Dental Service Authorization Update Request form. As of this date, dental authorization updates requested on an initial Dental Service Authorization Request form will not be accepted. This form is designed to simplify and expedite the update process. Instructions on how to fill out the form are available on the second page.

The form is available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.