



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Updated Service Authorization Request Form Now Available**

Issue Date: 05/02/2018

Run Length: 8 weeks

Provider Type(s): All

Message: The Alaska Medicaid Service Authorization Request form has been updated to include fields for the name and Alaska Medicaid ID of the service facility. Instructions on how to complete the form are located 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.