



Alaska Medical Assistance

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Toll-free: 800.770.5650
<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: Providers May Request AK-04 Forms Over E-mail

Issue Date: 10/25/2018

Run Length: 6 weeks

Provider Type(s): 001, 005, 008, 020, 021, 025, 030, 033, 034, 035, 036, 039, 040, 041, 043, 045, 046, 051, 054, 055, 056, 061, 068, 097, 107, 108, 110

Message: Providers may request supplies of the AK-04 (Travel Voucher) by submitting a request to AKtravelvoucher@conduent.com. Requests must include provider name, provider Alaska Medicaid ID number, quantity requested, and delivery address. Conduent will still accept requests for AK-04s submitted using the Healthcare Forms Order Request or requests from providers that contact Provider Inquiry. The AK-04 is a controlled form, each bearing a distinct identifying number. Providers must keep these controlled forms in a secure location.

The Healthcare Forms Order Request 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.