



Request to Backdate Provider Enrollment

Reference: 42 CFR § 455.450 & 7 AAC 105.210(e)

4601 Business Park Blvd., Bldg. K Anchorage, Alaska 99503-7167 Main: 907.334.2400 Fax: 907.269.8868

Legal Name of Provider: \_\_\_\_\_

Application Tracking Number: \_\_\_\_\_ Tax ID/NPI: \_\_\_\_\_

I am requesting the Department of Health, the Division of Health Care Services, review and retroactively backdate my provider enrollment activation date to \_\_\_\_\_ due to the following extenuating circumstances:

- Medical emergency access
Prior authorization
Concurrent enrollment with Medicare or another state's Medicaid program

Detailed Explanation of Qualifying Extenuating Circumstance:

Please note: Failure to supply complete documentation may result in an automatic denial of your request.

List of Attached Supporting Documentation:

Whoever knowingly and willfully makes or causes to be made a false statement or misrepresentation of this attestation statement may be prosecuted under applicable federal or state laws. Knowingly and willfully failing to fully and accurate disclose the information requested may result in denial of participation in the Alaska Medicaid program. My signature affirms that the information provided here is true and correct.

Signature of Authorized Representative

Date

Name of Authorized Representative

Title

Return this signed form along with any additional required documentation to the mailing or email address below.

Conduent State Healthcare
Attn.: Provider Enrollment
P.O. Box 240808
Anchorage, Alaska 99524-0808

Email: ak-enrollment@conduent.com

If you have questions, please contact Provider Enrollment at 907.644.5993 or 888.944.6877.