P.O. Box 240808
Anchorage, AK 99524-0808
(907) 644-6800
http://medicaidalaska.com

HEALTHCARE FORMS ORDER REQUEST

Please order at least a 2-month supply.

Complete and submit this form via one of following:

Email: AKtravelvoucher@conduent.com

Fax: 907.644.8126

Mail: Conduent
P.O. Box 240808
Anchorage, AK 99524-0808

Allow approximately 4 weeks for delivery.

Ship to: _____

_____

_____

Contact Name: _____

Phone Number: _____

AK Medicaid Provider ID: _____

Form Requested		Quantity				
Number	**Description**	**25**	**50**	**100**	**300**	**Other**
UB-04	Institutional Claim Form (e.g., Inpatient/ Outpatient Hospital, Long Term Care)	☐	☐	☐	☐	☐
AK-04	Transportation/Accommodation	☐	☐	☐	☐	☐
J430	Dental Claim Form	☐	☐	☐	☐	☐
CMS-1500	Non-Institutional Claim Form (e.g., Physician, Therapists, Nurse Practitioner)	☐	☐	☐	☐	☐

For Conduent Use Only

Requested via: ☐ Email ☐ Phone ☐ Mail ☐ Fax

Request Date & Time: _____

Certified Letter #: _____

_____

CRN#: _____

Voucher Control Number Range: _____

Submitted By: _____ Date: _____

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.