ALASKA VA OUTPATIENT AUTHORIZATION REQUEST

Phone: 257-6904 or 1-888-353-7574 ext. 6904

NOTES MUST ACCOMPANY THIS REQUEST

Fax: 907-770-2075
(Barrow, Fairbanks, Kodiak, Rural, and Southeast AK)

Today's Date: _____

Vendor's Name: _____

Vendor's Address: _____

Vendor's Phone: _____ Fax: _____ Tax Id: _____

Veteran's Name: _____ SSN: _____

Diagnosis: _____

_____

Desired treatment, procedure, or referral: _____

_____

Lab _____ X-ray _____ Rx _____ Other _____

Date of desired treatment, procedure, or referral: _____

_____

Location of treatment if different from doctor's office: _____

Period of Care: Yes _____ No _____ (Indicate length of time and number of visits)

_____

Surgical Procedure: Yes _____ No_____ (If yes, list CPT codes with cost estimates & ancillaries)

_____

Comments: _____