



Municipality of Anchorage | *Prior authorization for healthcare travel*

PLEASE ATTACH A LETTER OF REFERRAL FROM A LICENSED PROVIDER

SECTION 1 | **Personal information**

Patient name		Date of birth		
Subscriber name		Subscriber phone		
Member ID no.		Departure/return dates		
Provider		Phone	Fax	
Address	Street/P.O. Box	City	State	ZIP code

SECTION 2 | **Authorization**

Travel authorization requests are limited to the following guidelines: For conditions or surgery that cannot be treated locally, the doctor must submit written certification and documentation of the medical condition in advance of the trip. This benefit is limited to roundtrip travel and cannot exceed the cost of commercial coach fare for the following services:

- One initial and one follow-up visit for therapeutic treatment
- One prenatal or postnatal maternity care visit and one visit for actual delivery
- One pre- and post-surgical visit and one for the actual surgery
- One visit for each allergic condition that cannot be treated locally

If you accompany your child under age 19, your travel expenses will be covered. Travel benefits are limited to medical conditions and payable based on the cost of coach commercial airfare or billed charges, whichever is less.

- Yes No Life-endangering condition which requires immediate transfer to a hospital with special treatment facilities
- Yes No Medically necessary surgery or condition which cannot be treated locally

Patient signature 	Date
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PLEASE FAX OR EMAIL COMPLETED FORM AND LETTER OF REFERRAL TO:
ODS Healthcare Services at 855-522-9810 or email medical@odscompanies.com

If you have questions, please contact ODS Customer Service at 888-418-7543.