## Alaska Non-Emergency Medical Travel (NEMT) request form



Applies to medically necessary surgery or condition which cannot be treated locally:

- Prior authorization is required
- Written certification from the attending physician must be submitted
- Travel must be approved in advance of the trip

Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Facility (if applicable)		Facility contact name	Facility phone number
Primary diagnosis (written out)		- -	·
Description of treatment (written out)			
Departure date		Return date	

## Description of need for travel



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Patient signature

Ready to submit? Fax request form 800-522-7004, or secure email to medical@modahealth.com Questions? Contact Moda Health at 855-232-6886 or at medical@modahealth.com