



Medical Records Destroyed by a Disaster

Due to the earthquake disaster of November 30, 2018, I am unable to provide the requested medical documentation in support of my Medicaid claim, TCN/Sample ID _____ (please include TCN/Sample ID number).

I attest that the medical record documentation was:

___ completely destroyed on _____ (please include date).

___ partially destroyed on _____ (please include date); however, I am providing any remaining medical record documentation.

The medical record documentation was destroyed by:

___ flood

___ fire

___ earthquake

___ other _____.

Under penalty of law, I declare to the best of my knowledge and belief, that the information I have provided is true, correct, and complete.

Please fill-in the following information:

Provider Name: _____ Provider ID: _____

Printed Full Name: _____ Title: _____

Signature: _____ Date of Signature: _____

Please return form to: State of Alaska - Health and Social Services
Medicaid Program Integrity
4601 Business Park Blvd., Bldg K
Anchorage, AK 99503-7167