



**Welfare & Pension
Administration Service, Inc.**

P.O. Box 34840
Seattle, Washington 98124-1840
Telephone (800) 331-6158 • FAX (206) 441-9110

**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
TRAVEL PREAUTHORIZATION**

Under certain circumstances your Plan may provide benefits for reimbursement of travel expenses for you or your dependent(s) to travel outside your locale for medical treatment. Travel may be considered for: treatment not available locally, treatment at Alaska Regional Hospital, or travel outside Alaska to use Aetna PPO providers. In order to consider your benefit request, we must have the information requested below.

Employee Name _____ ID# _____

Address _____

Telephone _____ Email _____

City _____ State _____ Zip _____

Patient Name _____ Date of Birth _____

MEDICAL INFORMATION

Referring Physician's Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Diagnosis of Patient _____

Recommended treatment or surgery _____

Name, address and phone number of physician performing the treatment or surgery _____

What facility will be used for the treatment or surgery? _____

Is travel requested for diagnostic testing*? Yes _____ No _____ Second opinion Yes _____ No _____

Is treatment available locally? Yes _____ No _____

If no, please indicate the reason treatment is not available locally? (Please include supporting documentation) _____

If treatment is available locally, is the facility and physician a preferred provider with Aetna?

Yes _____ No _____

Or, is the facility Alaska Regional Hospital? Yes_____ No_____

Or, do you expect the treatment to cost more than \$5,000.00? Yes_____ No_____

Date treatment or surgery is scheduled_____

Physician's Degree and Signature _____ Date _____

* Duplicate diagnostic testing is not a covered expense unless it is determined to be medically necessary.

Please contact the Administration Office at 1-800-331-6158 if you have any questions or need assistance completing this form. **In order to avoid a possible delay in any benefit determination, be sure to send the referring physician's treatment notes with the Travel Preauthorization form to:**

Mail:

WPAS, Inc.
PO Box 34840
Seattle, WA 98124-1840

Fax:

(206-441-9110)

Email:

Claimstatus@wpas-inc.com