



ALASKA NATIVE
MEDICAL CENTER



Letter of Medical Necessity

Date: 04/21/2020

From: Referring Provider Name

Patient Name: Patient Name

Medicaid ID#: 123456789

To: The State of Alaska

This letter is to certify that it is medically necessary for the above referenced patient to travel to his/her medical appointments and that they cannot be postponed for any length of time.

Provide a detailed explanation why travel is medically necessary: [Enter text here.](#)

Can this appointment be done via telehealth? If no, provide the details why.

Yes: **No:** [Enter text here](#)

Has the medical provider reviewed the risks of travel with the patient?

Yes: **No:**

Does the patient understand these risks?

Yes: **No:**

Does the patient understand they may be responsible for their own lodging and meals if they travel and no longer meet the Medicaid Travel guidelines?

Yes: **No:**

Anything additional that will help in demonstrating the need of this patients travel?

[Enter additional details here.](#)