



Optum Alaska  
Attn: Retroactive Reviews  
911 W. 8<sup>th</sup> Ave Ste 101  
Anchorage, Alaska 99501  
Fax# 1-855-508-9353

### Retrospective Review Cover Sheet

Retrospective reviews must be received in writing and can be requested via fax or mail.

**Note: Do not submit a Service Authorization form.**

**\*Only use this cover sheet for Retrospective Review Requests Only**

Participant Name: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Participant DOB: \_\_\_\_\_

Health Plan/Group: STATE OF ALASKA

Provider/Facility Name: \_\_\_\_\_

Provider/Facility NPI: \_\_\_\_\_

Dates of Service for retro request **ONLY**: \_\_\_\_\_  
(Do not include future dates)

Number of Units/Days/Sessions Requested: \_\_\_\_\_

Reason prior authorization was not obtained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please include:**

Treatment plan

Any other supporting documentation for this request

**If documents are not submitted, a review cannot be completed.**