



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

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

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**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 \_\_\_\_\_

Over

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