



501 West International Airport Road, Ste. 1A  
Anchorage, AK 99518

**PRIOR AUTHORIZATION RELEASE FORM**

Client Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Previous Provider: \_\_\_\_\_

Last date of service by previous provider: \_\_\_\_\_

Dates of service to be released: \_\_\_\_\_

I am hereby requesting that Prior Authorizations to be released to Geneva Woods Health Care Services. Please fax confirmation of Prior Authorization release to Customer Service at (907) 565-6112 or mail to:

Geneva Woods Health Care Services  
Attention: Customer Service Department  
501 W International Airport Rd Ste. 1A  
Anchorage, AK 99518

Thank you for your past services.

Sincerely,

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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