Department of Health and Social Service • Senior and Disabilities Services

Verification of Diagnosis

For SDS Programs:

• Children with Complex Medical Conditions Program **(CCMC)** • Alaskans Living Independently **(ALI)**
• Personal Care Services Program **(PCA)** • Adults with Physical and Developmental Disabilities **(APDD)**

Section 1 **To be completed by the care coordinator or PCA agency representative**

Applicant/Participant:_____

Date of Birth:_____ Medicaid Number:_____

Care Coordinator/Agency Representative:_____

Fax Number:_____ Phone Number:_____

Encrypted Email:_____

Section 2 **To be completed by the physician, physician's assistant, or advanced nurse practitioner**

This diagnostic information will help SDS determine whether the applicant/recipient is eligible for Medicaid services. The ICD-9 code is required for claims processing. **Both ICD-9 Code and Diagnosis must be provided.** Questions may be directed to Senior and Disabilities Services at (907) 269-3666 or 1-800-478-9996.

	ICD-9 Code	Diagnosis
Primary Diagnosis:		
Secondary Diagnosis:		
Additional Diagnoses:		

Both ICD-9 Code and Diagnosis must be provided.

To the best of my knowledge, the above information is true, accurate, and complete.

Physician, PA, or ANP Signature	Date	ID#
Printed Name	Telephone #	Fax #

Please send completed form to the care coordinator or agency representative at the fax number or encrypted email address noted above. Questions may be directed to Senior and Disabilities Services at (907) 269-3666 or 1-800-478-9996.