



A **xerox**  Company

ALASKA MEDICAID PHYSICIAN ADDENDUM

To enroll as an Alaska Medicaid provider, all physicians must answer the following:

1. Are you an employee of the hospital and provide services to patients in the hospital?
Yes No
2. Do you receive a salary, a portion of collections, fringe benefits or deferred compensation from the hospital?
Yes No
3. Is your malpractice insurance, continuing medical costs, or 30 % or more of on-going professional business costs paid for by the hospital?
Yes No
4. Do you receive payment from patients and return all or a portion of the payment to the hospital?
Yes No

Please be advised that if you answered “yes” to any of the above questions, you will be enrolled as a hospital-based physician in the Alaska Medical Assistance Program when your application is approved.

Reimbursement for hospital-based physicians will be made at the lesser of billed charges of the rate identified in the fee schedule established under 7 AAC 105-160 (Resource Based Relative Value Scale Reimbursement - RBRVS) for that service. Laboratory or pathology services will be paid in accordance with the Medicare fee schedule (Code of Federal Regulations 42 CFR 405.515) and in accordance with the payment methodology defined in 7 AAC 105-160.

Should any change occur in your affiliation with the hospital, please send **written notification** of the change to:

**Affiliated Computer Services
Provider Enrollment Unit
P.O. Box 240808
Anchorage, AK 99524-0808**

**Telephone: 907.644.6800
800.770.5650 (toll-free in Alaska)**

Name of Physician _____
(Please print or type)

Signature of Physician _____
(No representative signature allowed)

Date _____