



# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND  
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Please use this form to summarize the savings you will generate by having your procedure done at a non-local PPO facility and/or a non-local PPO provider. For each line of charges below, you will need to provide documentation from all facilities/providers the amounts they will charge (both local and non-local). These will be reviewed by the Administrative Office and a determination will be made on your request.

### Cost Comparison for Medical Services

Procedure to be performed (include CPT codes) \_\_\_\_\_

#### Local Charges

#### Non-Local Charges

Hospital/provider \_\_\_\_\_

PPO Hospital/Provider \_\_\_\_\_

Office Visit \_\_\_\_\_

Office Visit \_\_\_\_\_

Physician/Surgeon \_\_\_\_\_

Physician/Surgeon \_\_\_\_\_

Facility \_\_\_\_\_

Facility charges \_\_\_\_\_

Anesthesia \_\_\_\_\_

Anesthesia \_\_\_\_\_

Round Trip Airfare \_\_\_\_\_

Round Trip Companion \_\_\_\_\_

Daily Per Diem (\$50) \_\_\_\_\_ (receipts)

Is it necessary to travel for follow-up? Yes \_\_\_\_\_ No \_\_\_\_\_

Can follow up be done locally? Yes \_\_\_\_\_ No \_\_\_\_\_

Total Charges \_\_\_\_\_

Total Charges \_\_\_\_\_

#### Approved Services:

Colonoscopy   Dye CT Scan   Varicose Vein Treatment   MRI

Non-routine eye care   Neurology   Vasectomy