





## **HEDIS Data Request**

Request Date	
Request Date	
II 1/1 D1 D	
Health Plan Requesting	
Person submitting	
request	
1	
Phone number	
Email	
Number of Patients	

Submit this form by clicking the Submit button. It will send this request to the VacTrAK email. If the submit button doesn't work with your system, attach form to an email and email it to vactrak@alaska.gov.

For Official Use Only	
Request Completed by	
Date Completed	
Number of Patients Matched	