**DATE**

**XX Medical Center/Clinic**

**Address**

**City, AK Zip**

ATTENTION: COVID-19 Testing Facility

**Employee NAME** is a State of Alaska, Division of Forestry employee and was potentially exposed to Covid-19 while performing his job duties on **DATE**. He has a scheduled appointment at your facility at **TIME & DATE** for testing. I am requesting that you direct bill the State of Alaska for this test. Please send the bill to the following address for processing and payment:

**Area Forester NAME**

**Area Forester**

**Address**

**City, AK Zip**

**907-xxx-xxxx**

Thank you for your assistance.

Sincerely,

Tim Dabney

Deputy Director

Division of Forestry

Alaska Department of Natural Resources

550 W. 7th Avenue

Anchorage, AK  99501

tim.dabney@alaska.gov

907.269.8476 (office)

907.750.1290 (mobile)