

FORWARDHEALTH
PRIOR AUTHORIZATION / PHYSICIAN ATTACHMENT (PA/PA) COMPLETION INSTRUCTIONS

Complete the Prior Authorization/Physician Attachment (PA/PA), F-11016, including the Prior Authorization Request Form (PA/RF), F-11018, and submit it by fax to (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. Providers with questions about completing PA requests should call Provider Services at (800) 947-9627.

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 3 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters.

SECTION II — PROVIDER INFORMATION

Element 4 — Name — Rendering Provider

Element 5 — National Provider Identifier — Rendering Provider

Enter the National Provider Identifier of the physician rendering the service.

Element 6 — Telephone Number — Rendering Provider

Enter the telephone number, including area code, of the provider rendering the service.

Element 7 — Name — Ordering / Prescribing Physician

Enter the name of the referring/prescribing physician in this element.

SECTION III — SERVICE INFORMATION

The remaining portions of this attachment are to be used to document the justification for the requested service/procedure.

1. Complete Elements A through C.
2. Read the statement above Element 25 of the PA/RF before signing and dating the PA/PA.
3. Sign and date the PA/PA (Element D).