

**FORWARDHEALTH
 PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT
 AND AUDIOLOGICAL SERVICES (PA/HIAS1)**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Refer to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A, for information on completing this form.

SECTION I — PROVIDER INFORMATION

| | | | |
|--|--|---------------------------------------|--|
| 1. Process Type <p align="center" style="font-size: 24pt;">123</p> | 3. Name and Address — Testing Center (Street, City, State, ZIP+4 Code) | | |
| 2. Telephone Number — Testing Center | | | |
| 4a. Testing Center Provider Number | 4b. Testing Center Taxonomy Code | | |
| 5. Name — Referring Physician | 6a. Referring Physician Provider Number or License Number | 6b. Referring Physician Taxonomy Code | |

SECTION II — MEMBER INFORMATION

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|---|---------------------------------|--|
| 7. Name and Address — Member (Last, First, Middle Initial; Street, City, State, ZIP Code) | 8. Member Identification Number | 9. Gender — Member <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 10. Date of Birth — Member | |

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Code and Description

| 12. Rendering Provider Number | 13. Rendering Provider Taxonomy | 14. Procedure Code | 15. Modifiers | | | | 16. POS | 17. Description of Service | 18. QR | 19. Charge |
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An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

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| 21. SIGNATURE — Requesting Provider | 22. Provider Type <input type="checkbox"/> Audiologist <input type="checkbox"/> Hearing Instrument Specialist | 23. Date Signed |
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