**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Admin. Code § DHS 106.03(1)

F-13470 (03/2023)

**FORWARDHEALTH**

**CLAIM FORM ATTACHMENT COVER PAGE**

**INSTRUCTIONS:** Type or print clearly.

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| Date Transmitted      | Attachment Control Number (ACN)      |
| Provider Number      | Member ID Number      |

