**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services DHS 107.13(2), Wis. Admin. Code

F-11088 (07/2012)

**FORWARDHEALTH**

**PRIOR AUTHORIZATION / HEALTH AND BEHAVIOR INTERVENTION ATTACHMENT (PA/HBA)**

Providers may submit the completed prior authorization (PA) request by fax to ForwardHealth at 608-221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) Completion Instructions, F‑11088A.

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| **SECTION I** — **MEMBER INFORMATION** | | |
| 1. Name — Member (Last, First, Middle Initial) | 2. Date of Birth — Member | 3. Member Identification Number |
| **SECTION II** — **PROVIDER INFORMATION** | | |
| 4. Name — Rendering Provider | 5. Rendering Provider National Provider Identifier | |
| 6. Telephone Number — Rendering Provider | 7. Credentials — Rendering Provider | |
| **SECTION III** — **CLINICAL INFORMATION** | | |
| 8. Physical Health Diagnosis Related to the Need for Health and Behavior Interventions | | |
| 9. Biopsychosocial Factors Related to the Member’s Physical Health Status | | |
| 10. Treatment Modalities | | |
| 11. Treatment Schedule | | |
| 12. Member’s Measurable Goals of Treatment Modalities | | |
| 13. Anticipated Duration of Treatment | | |
| 14. **SIGNATURE** — Rendering Provider | 15. Date Signed | |

