

**FORWARDHEALTH
PROVIDER SUGGESTION**

The Division of Health Care Access and Accountability is interested in improving its program for providers and members. Providers who feel any policy or procedure stated in provider publications should be revised or who wish to suggest new policies are encouraged to submit recommendations. Providers may attach additional pages if needed. Send the completed form to the following address:

Division of Health Care Access and Accountability
Bureau of Benefits Management
PO Box 309
Madison WI 53701-0309

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

SECTION I – PROVIDER INFORMATION

Name – Provider	Provider Number
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Address

City	State	Zip Code
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Contact Name	Phone Number
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Email

Suggestion

SECTION II – PUBLICATION INFORMATION (IF APPLICABLE)

Publication Number	Publication Title	Date Published
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Question / Problem

Suggestion
