

**FORWARDHEALTH
PRIOR AUTHORIZATION FAX COVER SHEET**

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Instructions: Type or print clearly. ForwardHealth recommends putting paperwork in the following order:

- Prior Authorization Fax Cover Sheet
- Prior Authorization Request Form (PA/RF), F-11018
- Specific PA attachments
- Clinical documentation

TO	Date Sent
Name	Fax Number
ForwardHealth PA	608-221-8616

FROM (Sender)		
Name – Provider Contact Person	Number of Pages Including This Cover Sheet	Fax Number
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PA DETAILS	
Name – Member (Last, First, Middle Initial)	PA Number
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COMMENTS / INSTRUCTIONS