

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
<b>ForwardHealth PA</b>	<b>608-221-8616</b>

**FROM (Sender)**

Name – Provider Contact Person	Number of Pages Including This Cover Sheet	Fax Number
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Name – Organization		

**PA DETAILS**

Name – Member (Last, First, Middle Initial)	PA Number
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**COMMENTS / INSTRUCTIONS**