**Department of Health ServiceS STATE OF WISCONSIN**

Division of Medicaid Services

F-02815A (01/2022)

FORWARDhEALTH

PRIOR AUTHORIZATION for hospital prolonged stay Fax Cover Sheet

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If you received this communication in error, notify Provider Services immediately by phone and return the original message to ForwardHealth through the U.S. Postal Service to the address Provider Services will provide.

**QUESTIONS:** For specific prior authorization (PA) questions, providers should call Provider Services at 800-947-9627.

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| **Attn: Service Authorization** | | Date Sent |
| Name  **ForwardHealth Prolonged Stay PA** | | Fax Number  **608-266-1096** |
| **FROM (Sender)** | | |
| Name – Provider Contact Person | Number of Pages Including This Cover Sheet | Fax Number |
| Provider Number | Phone Number |
| Name – Organization | | |
| Initial PA Request Renewal PA Request | | |
| \*\*\*THIS FORM IS TO BE USED FOR SUBMISSION OF PROLONGED STAY PA REQUESTS ONLY.\*\*\* | | |
| **COMMENTS / INSTRUCTIONS** | | |