

**FORWARDHEALTH
PRIOR AUTHORIZATION FOR HOSPITAL PROLONGED STAY FAX COVER SHEET**

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

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