**DEPARTMENT OF HEALTH SERVICES**
ForwardHealth
F-11018 (05/13)

**STATE OF WISCONSIN**
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

# FORWARDHEALTH
# PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

## SECTION I — PROVIDER INFORMATION

| 1. Check only if applicable | 2. Process Type | 3. Telephone Number — Billing Provider |
|---|---|---|
| ❑ HealthCheck "Other Services"<br>❑ Wisconsin Chronic Disease Program (WCDP) | | |

| 4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) | 5a. Billing Provider Number |
|---|---|
| | 5b. Billing Provider Taxonomy Code |
| 6a. Name — Prescribing / Referring / Ordering Provider | 6b. National Provider Identifier — Prescribing / Referring / Ordering Provider |

## SECTION II — MEMBER INFORMATION

| 7. Member Identification Number | 8. Date of Birth — Member | 9. Address — Member (Street, City, State, ZIP Code) |
|---|---|---|
| 10. Name — Member (Last, First, Middle Initial) | 11. Gender — Member<br>❑ Male ❑ Female | |

## SECTION III — DIAGNOSIS / TREATMENT INFORMATION

| 12. Diagnosis — Primary Code and Description | 13. Start Date — SOI | 14. First Date of Treatment — SOI |
|---|---|---|
| 15. Diagnosis — Secondary Code and Description | 16. Requested PA Start Date | |

| 17. Rendering Provider Number | 18. Rendering Provider Taxonomy Code | 19. Service Code | 20. Modifiers 1 | 2 | 3 | 4 | 21. POS | 22. Description of Service | 23. QR | 24. Charge |
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An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

| 25. Total Charges | |
|---|---|

| 26. **SIGNATURE** — Requesting Provider | 27. Date Signed |
|---|---|

Reset Form

DT-PA049-049