**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services DHS 107.24(3), Wis. Admin. Code

F-11067 (07/2012)

**FORWARDHEALTH**

**RECORD OF ACTUAL DAILY OXYGEN USE**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax 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 Record of Actual Daily Oxygen Use Completion Instructions, F-11067A.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I — PROVIDER INFORMATION** | | | | | | | |
| 1. Name — Prescribing Physician | | | | 2. National Provider Identifier | | | |
| **SECTION II — MEMBER INFORMATION** | | | | | | | |
| 3. Name — Member (Last, First, Middle Initial) | | | | 4. Member Identification Number | | | |
| **SECTION III — RECORD OF DAILY USE** | | | | | | | |
| 5. Complete the date oxygen was initiated in MM/DD/CCYY format. This date is “Day 1.”      /      / | | | | | | | |
|  | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| NOC |  |  |  |  |  |  |  |
|  | DAY 8 | DAY 9 | DAY 10 | DAY 11 | DAY 12 | DAY 13 | DAY 14 |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| NOC |  |  |  |  |  |  |  |
|  | DAY 15 | DAY 16 | DAY 17 | DAY 18 | DAY 19 | DAY 20 | DAY 21 |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| NOC |  |  |  |  |  |  |  |
|  | DAY 22 | DAY 23 | DAY 24 | DAY 25 | DAY 26 | DAY 27 | DAY 28 |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| NOC |  |  |  |  |  |  |  |
|  | DAY 29 | DAY 30 | DAY 31 |
| AM |  |  |  |
| PM |  |  |  |
| NOC |  |  |  |

