**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.

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| **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 |       |       |       |

