**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Admin. Code § DHS 106.03(1)

F-13470 (03/2023)

**FORWARDHEALTH**

**CLAIM FORM ATTACHMENT COVER PAGE**

**INSTRUCTIONS:** Type or print clearly.

|  |  |
| --- | --- |
| Date Transmitted | Attachment Control Number (ACN) |
| Provider Number | Member ID Number |

