

**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, 6406 Bridge Road, Madison, WI 53784-0088. **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 <input type="checkbox"/> HealthCheck "Other Services" <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP)	2. Process Type 126	3. Telephone Number — Billing Provider (555) 555-5555
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) I.M. Billing Provider 609 Willow St Anytown WI 55555-1234		5a. Billing Provider Number 0123456780
		5b. Billing Provider Taxonomy Code 123456789X

SECTION II — MEMBER INFORMATION

6. Member Identification Number 1234567890	7. Date of Birth — Member MM/DD/CCYY	8. Address — Member (Street, City, State, ZIP Code) 322 Ridge St Anytown WI 55555
9. Name — Member (Last, First, Middle Initial) Member, Im A.		10. Gender — Member <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

11. Diagnosis — Primary Code and Description 296.22 - Major depressive disorder, single episode, moderate		12. Start Date — SOI	13. First Date of Treatment — SOI				
14. Diagnosis — Secondary Code and Description 314.00 - Attention-deficit disorder, predominantly inattentive type		15. Requested PA Start Date MM/DD/CCYY					
16. Rendering Provider Number	17. Rendering Provider Taxonomy	18. Service Code	19. Modifiers 1 2 3 4	20. POS	21. Description of Service	22. QR	23. Charge
9876543210	012345678X	90806	HP	11	Individual psychotherapy	6	XXX.XX
9876543210	012345678X	90847	HP	11	Family psychotherapy	3	XXX.XX
Sample Prior Authorization Request Form [PA/RF] for Psychotherapy Services							

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.

24. Total Charges	XXX.XX
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25. SIGNATURE — Requesting Provider <i>I.M. Provider</i>	26. Date Signed MM/DD/CCYY
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