

Tony Evers
Governor



FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

PA Number: 1234567890
PA Submission Date: Month 1, 2019

PA Request Inactivation Date: Month 1, 2019

Dear

A prior authorization (PA) request was submitted to ForwardHealth on Month 1, 2019, via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

List the additional supporting documentation below.

1.

PA Attachment ABC

2.

Additional Supporting Information XYZ

3.

4.

5.

6.

7.

8.

9.

10.

SAMPLE