

**FORWARDHEALTH
PRIOR AUTHORIZATION FAX COVER SHEET**

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Questions: For specific prior authorization (PA) questions, providers should call Provider Services at (800) 947-9627. For faxing questions, providers should call (608) 224-6124.

TO Name ForwardHealth PA	Date Sent Fax Number (608) 221-8616
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FROM (Sender) Name — Provider Contact Person		Number of Pages Including This Cover Sheet	Fax Number
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