

## FORWARDHEALTH WEEKLY DRIVER'S VEHICLE INSPECTION REPORT COMPLETION INSTRUCTIONS

ForwardHealth requires information to enable the program to certify providers and to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

Provision of the information requested on this form is mandatory. However, the use of this version of the form is voluntary, and providers may develop their own form as long as it includes all the information on this form.

### INSTRUCTIONS

1. Type or print clearly. Indicate, using "yes" or "no," if each item was inspected before the trip and was functioning during the trip. If an item did not function properly, explain the defect in the remarks section.
2. If a provider plans to use an alternate version of this form, it must be reviewed and approved by ForwardHealth prior to use. Submit the alternate version of the form to the following address:

Wisconsin Medicaid  
Provider Maintenance  
313 Blettner Blvd  
Madison WI 53784

ForwardHealth will notify the provider in a letter that ForwardHealth received and approved the form. An effective date for the alternate version of the form will be included in the letter.

3. This form, or an equivalent version, and a vehicle inspection must be completed every seven days for every vehicle.
4. Providers should retain a copy of the completed form in their records for 12 months.
5. In the box labeled "Vehicle Identification," enter one of the following:
  - Vehicle identification number (VIN).
  - License plate number.
6. For more information on specialized medical vehicle documentation, contact Provider Services at (800) 947-9627.