

**FORWARDHEALTH
PRIOR AUTHORIZATION / PHYSICIAN OTOLOGICAL REPORT (PA/POR)**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Physician Otolological Report (PA/POR) Completion Instructions, F-11019A.

SECTION I — PROVIDER INFORMATION

1. Name — Physician	2. Physician's National Provider Identifier
3. Address — Physician (Street, City, State, ZIP+4 Code)	4. Telephone Number — Physician

SECTION II — MEMBER INFORMATION

5. Name — Member (Last, First, Middle Initial)	6. Date of Birth — Member
7. Address — Member (Street, City, State, ZIP Code)	
8. Member Identification Number	9. Gender — Member <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION III — DOCUMENTATION

10. Medical History of Hearing Loss

11. Pertinent Otolological Findings

	Normal (check below)	Problems (describe)
Right: Canal	<input type="checkbox"/>	_____
Ear Drum	<input type="checkbox"/>	_____
Middle Ear	<input type="checkbox"/>	_____
Left: Canal	<input type="checkbox"/>	_____
Ear Drum	<input type="checkbox"/>	_____
Middle Ear	<input type="checkbox"/>	_____

12. Describe Additional Findings (e.g., results of special studies, such as caloric and postural tests)

13. Clinical Diagnosis of Hearing Status

14. Medical, Cognitive, or Developmental Problems

15. Physician's Recommendations (check all applicable)

- I have medically evaluated this patient and refer him / her for a hearing instrument evaluation as follows:
 - One or more of the situations listed below applies to this patient. Therefore, as required by BadgerCare Plus regulations, I refer this patient to an audiologist for a hearing instrument evaluation / diagnosis:
 - The patient is 21 years of age or under.
 - The patient is behaviorally or cognitively impaired.
 - The patient has other special needs requiring a comprehensive evaluation or specialized diagnostic tools of a clinically certified evaluation.
 - None of the above situations applies to this patient. Either an audiologist or a hearing instrument specialist may provide the hearing instrument evaluation.
 - A home hearing test is required.

SIGNATURE — Physician	Date Signed
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