

FORWARDHEALTH
PRIOR AUTHORIZATION / HEALTH AND BEHAVIOR INTERVENTION ATTACHMENT (PA/HBA)

Providers may submit the completed prior authorization (PA) request by fax to ForwardHealth 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/Health and Behavior Intervention Attachment (PA/HBA) Completion Instructions, F-11088A.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member	3. Member Identification Number
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SECTION II — PROVIDER INFORMATION

4. Name — Rendering Provider	5. Rendering Provider National Provider Identifier
6. Telephone Number — Rendering Provider	7. Credentials — Rendering Provider

SECTION III — CLINICAL INFORMATION

8. Physical Health Diagnosis Related to the Need for Health and Behavior Interventions

9. Biopsychosocial Factors Related to the Member's Physical Health Status

10. Treatment Modalities

11. Treatment Schedule

12. Member's Measurable Goals of Treatment Modalities

13. Anticipated Duration of Treatment

14. SIGNATURE — Rendering Provider	15. Date Signed
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