

## ***WISe Denial Notification Form***

Please print clearly. Incomplete or illegible forms will be returned.

Fax completed forms and the Child and Adolescent Needs and Strengths (CANS) assessment to 1-844-887-6357.

<b>Member information</b>			
Member name:			
Member ID:		Date of birth:	
Address:			
City, state:		ZIP code:	
<b>Provider information</b>			
Facility name:			
Address:			
City, state:		ZIP code:	
Contact name:			
Phone number:		Fax number:	
Provider name:		Date denial was issued:	
<b>Required additional documentation</b>			
Reason for denial:			

**Behavioral Health Utilization Management Department**  
**Amerigroup Washington, Inc.**  
**705 5th Ave. S., Suite 300**  
**Seattle, WA 98104**  
**Phone: 1-800-454-3730; Fax: 1-844-887-6357**