

WISE/PACT Notification Form

Instructions: To provide notification to Amerigroup Washington, Inc., please complete this form for Apple Health members who are enrolled in or discharged from WISE or PACT. Completed forms should be sent via fax to 1-844-887-6357. If you have questions, please call Provider Services at 1-800-454-3730.

Individual completing this form

Name: _____

Organization: _____

Contact information: _____

Authorization details

Reason for alert: WISE PACT

Authorization start date: _____ Discharge date: _____

Member information

Name (last, first): _____

DOB: _____

Address: _____

City, State ZIP: _____

Medicaid ID #: _____

Phone: _____ Email (if no phone): _____

Additional comments
