

Scott Walker  
Governor



**State of Wisconsin**  
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES  
313 BLETTNER BLVD  
MADISON WI 53784

Telephone: 800-947-9627  
TTY: 711  
[www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)

Linda Seemeyer  
Secretary

January 10, 2018

CITY OF APPLETON HEALTH DEPT  
KURT EGGBRECHT  
100 N APPLETON ST  
APPLETON, WI 54911-4702

Dear Medicaid Provider Applicant:

Thank you for submitting a Wisconsin Medicaid Prenatal Care Coordination provider application for CITY OF APPLETON HEALTH DEPT. The application cannot be processed for the reason(s) indicated below.

The applicant has not provided a valid reason, per CMS guidelines, for submitting a hardship request for inability to pay the application fee. The applicant has 10 calendar days from the date of return letter to pay the application fee, otherwise the provider will be denied enrollment with Wisconsin Medicaid.

Please send the requested information to ForwardHealth at Provider Enrollment, 313 Blettner Boulevard, Madison, WI 53784.

Processing of this application will be suspended until the requested information is received. Wisconsin Medicaid must receive the requested information within 30 calendar days from the date of this letter to assign the earliest possible certification effective date. Include application tracking number (ATN) 223971 on all correspondence relating to this application.

Please contact Provider Services at (800)947-9627 for information regarding this letter. Thank you for your interest in becoming a Wisconsin Medicaid Provider.

Wisconsin Medicaid  
Provider Enrollment Department

ATN: 223971

F-11209 (07/12)

