



Coordinated Care
1145 Broadway Suite 300
Tacoma, WA 9842
Phone: 877-644-4613
Fax: 877-212-6669

WISe Denial Notification Form

Please print clearly and fill out entire form *even if the information is documented in attachments.*
Incomplete or illegible forms will be returned.

*Required Fields

*Date Denial was issued: _____

Member Information

*Name: _____

*Date of Birth: _____

*Patient Medicaid Number: _____

Provider/Billing Facility Information

*Provider Name: _____

*Facility Name: _____

***Please describe reason for service denial below:**

SUBMIT TO: Coordinated Care
Utilization Management Department
1145 Broadway, Suite 300
Tacoma, WA 98402
PHONE: 1-877-644-4613
FAX: 1-877-212-6669