Transportation Authorization Request Form

> **Want faster service? Use our Provider Portal at https://www.Provider.WellCare.com**

Requirements: *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics.* **Notification is required for any date of service change.**

Expedited Requests: If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call **1-855-538-0454.**

Fax completed form to 1-866-455-6529

Requestor Name: _____ **Fax*:** _____ **Phone*:** _____

*Indicates a required field

MEMBER INFO (Please Print)	
WellCare ID*:	Medicaid/Medicare ID:
Last Name*:	First Name, MI*:	Date of Birth*: _____ / _____ / _____

REQUESTING PROVIDER (Please Print)		
WellCare ID:	NPI/Tax ID*:	
Provider Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

TRANSPORTATION COMPANY NAME (Please Print)		
WellCare ID:	NPI/Tax ID*:	
Transporter Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

REQUESTED SERVICES

☐ **Medical Transportation**   ☐ **Non-Medical Transportation**

☐ Place of Service (check one):   ☐ Ambulance – Land (41)   ☐ Ambulance – Air or Water (42)

O2 was needed (check one): ☐ Yes ☐ No

ADDITIONAL SERVICE INFORMATION

Date of Transportation*: _____/_____/_____	Pick-up Location:
☐ Round Trip or ☐ One Way	Drop-off Location:

DIAGNOSIS CODE(S)*

IDC-10:	ICD-10:	ICD-10:	ICD-10:

PROCEDURE CODES*

☐ A0100 Non-emergency transportation; taxi

☐ A0110 Non-emergency transportation and bus, intra or interstate carrier

☐ A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems

☐ A0130 Non-emergency transportation: wheelchair van

☐ A0428 Ambulance service, basic life support, non-emergency transport, (BLS)

☐ A0425 Ground mileage, per statute mile: Total Miles: _____

Ambulance Service CPT Code:	Ambulance Service CPT Code: