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Outpatient Authorization Request Form

*Indicates a required field

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 appropriate number at bottom of form.

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

MEMBER INFO (Please Print)			
WellCare ID*:		Medicaid/Medicare ID:	
Last Name*:	First Name, MI*:	Date of Birth*: / /	
REQUESTING PROVIDER			
WellCare ID:		NPI/Tax ID*:	
Provider Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
SERVICING PROVIDER OR FACILITY (Please Print)			
WellCare ID:		NPI/Tax ID*:	
Provider/Facility Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
TREATING PROVIDER (Please Print)			
WellCare ID:		NPI/Tax ID*:	
Provider/Facility Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD-10:	ICD-10:
REQUESTED SERVICES			
<input type="checkbox"/> Dialysis <input type="checkbox"/> Office Visit/Procedure <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> MRI <input type="checkbox"/> Sleep Study <input type="checkbox"/> X-Rays <input type="checkbox"/> CT Scan <input type="checkbox"/> Other (please specify): _____			
Place of Service (check one): <input type="checkbox"/> Telehealth (02) <input type="checkbox"/> Office (11) <input type="checkbox"/> Outpatient Hospital (22) <input type="checkbox"/> Dialysis Center (65) <input type="checkbox"/> Lab (81) <input type="checkbox"/> Other (please specify): _____			
Anticipated Service Date*: ____ / ____ / ____			
PROCEDURE CODE(S)*	Description	PROCEDURE CODE(S)	Description
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	

Fax completed form to:

Medicare Fax Lines		
Arizona Value (HMO) 855-754-8483	Arizona Patriot (PPO) 866-246-9832	Connecticut 866-455-6529
Florida Medicare Only 877-892-8216	Georgia Medicare Only 877-892-8213	Florida/Georgia Dual 877-277-1820
Illinois 877-899-2044	Kentucky 888-361-5684	New Jersey 877-892-8221
New York 877-892-8214	Texas 877-894-2034	All others 888-361-5684