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Outpatient Authorization Request Form

*Indicates a required field

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

<u>Expedited Requests:</u> 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**.

Please fax completed form to appropriate number at bottom of form.

Requestor Name:	Fax*#:		Phone*#:		
	MEN	1BER INFO (Please	Print)		
Wellcare ID*:		Medicaid/M	edicare ID:		
Last Name*:	First Na	me, MI*:	Date of Birth*:	: / /	
	REQUEST	ING PROVIDER (PI	ease Print)		
Wellcare ID:		NPI/Tax ID*:			
Provider Name*:		Address:			
City, State, ZIP:		Fax*:	Phone:	Phone:	
	SERVICING PR	OVIDER OR FACILIT	TY (Please Print)		
Wellcare ID:		NPI/Tax ID*:			
Provider/Facility Name*:		Address:			
City, State, ZIP:		Fax*:	Phone:		
	TREATI	NG PROVIDER (Plea	ase 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:	
	R	EQUESTED SERVIC	ES		
☐ Dialysis ☐ Office Vis ☐ Other (please specify):	it/Procedure 🗆 Rad	iation Therapy [□ MRI □ Sleep Study	☐ X-Rays ☐ CT Scan	
Place of Service (check one	e): Telehealth (02) Dialysis Center (• •	☐ Outpatient Hospital (2	22)	
Anticipated Service Date*:	//	_			
PROCEDURE CODE(S)*	Description	PROCED	OURE CODE(S) Des	scription	
CPT Code:		CPT Cod	e:		
CPT Code:		CPT Cod	e:		
CPT Code:		CPT Cod	e:		



Fax completed form to:

Medicare Fax Lines						
ivieutale Fax Lilies						
Arizona Value (HMO)	Arizona Patriot (PPO)	Connecticut 866-455-6529				
855-754-8483	866-246-9832					
Florida Medicare Only	Georgia Medicare Only	Florida/Georgia Dual				
877-892-8216	877-892-8213	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				