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INPATIENT AUTHORIZATION 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 Staywell Health Plan at **1-866-334-7927** or Children's Medical Services Health Plan at **1-866-799-5321**.

Fax completed form to: 1-877-431-8860

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

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:	
FACILITY (Please Print)			
WellCare ID:	NPI/Tax ID*:		
Facility Name*:	Address:		
City, State, ZIP:	Fax*:	Phone:	
ATTENDING PHYSICIAN (Please Print)			
WellCare ID:	NPI/Tax ID*:		
Provider Name*:	Address:		
City, State, ZIP:	Fax:	Phone:	
DIAGNOSIS CODES			
ICD-10*:	ICD-10:	ICD-10	ICD-10
<input type="checkbox"/> Observation <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> LTACH <input type="checkbox"/> SNF/Sub-Acute Rehab <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> Waitlist <input type="checkbox"/> ICF			
Date of Admission*:	Is this a Level of Care Change (OBS to INP)? Y / N Observation Admit Date:		
PROCEDURE CODE(S)	DESCRIPTION		
CPT/HCPC Code:			
CPT/HCPC Code:			

Some authorizations may be delegated to CareCentrix, please check the QRG

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.

