



Eligibility (including co-pays and out-of-pocket)

- 1 Say "Eligibility" or press 3
- 2 Say or enter your WellCare Provider ID, NPI or Tax ID
- 3 Say or enter the member ID number
- 4 Say or enter the member's date of birth



Pharmacy or Prescription Benefit Inquiries (Medicaid)

- 1 Say "Pharmacy" or press 4

Request a coverage determination form faxed:

- 1. Say "Form" or press 1
- 2. Say or enter the member ID number
- 3. Enter fax number for form to be faxed to

Receive status of coverage determination:

- 1. Say "Status" or press 2
- 2. Say or enter your WellCare Provider ID
- 3. Say or enter the member ID
- 4. Say or enter the member's DOB

Prescription processing information:

- 1. Say "Processing Information" or press 3
- 2. Say or enter the member ID



Pharmacy or Prescription Benefit Inquiries (Medicare)

- 1 Say "Pharmacy" or press 4

Obtain a CVS Mail Order Information (fax number for prescriptions, address, phone number):

- 1. Say "CVS Caremark Information" or press 1

Request a coverage determination form faxed:

- 1. Say "Form" or press 2
- 2. Say or enter the member ID number
- 3. Enter fax number for form to be faxed to

Receive status of coverage determination:

- 1. Say "Status" or press 3
- 2. Say or enter your WellCare Provider ID
- 3. Say or enter the member ID
- 4. Say or enter the member's DOB

Prescription processing information:

- 1. Say "Processing Information" or press 4
- 2. Say or enter the member ID



Web Support

- 1 Say "Web Support" or press 5
- 2 Say or enter your WellCare Provider ID, NPI or Tax ID

Quality care is a team effort.
Thank you for playing a starring role!

