

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 1-888-361-5684

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		
<input type="checkbox"/> Medical Transportation <input type="checkbox"/> Non-Medical Transportation		
<input type="checkbox"/> Place of Service (check one): <input type="checkbox"/> Ambulance – Land (41) <input type="checkbox"/> Ambulance – Air or Water (42)		
O2 was needed (check one): <input type="checkbox"/> Yes <input type="checkbox"/> 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: