

Outpatient Authorization Request

FAX TO: MEDICARE		
Arkansas: 1-877-277-1820	Connecticut: 1-877-892-8215	Florida: 1-877-892-8216
Georgia: 1-877-892-8213	Illinois: 1-877-899-2044	Kentucky: 1-888-361-5684
Louisiana: 1-866-455-6488	Mississippi: 1-877-277-1820	New Jersey: 1-877-892-8221
New York: 1-800-246-7983	South Carolina: 1-877-277-1820	Tennessee: 1-877-277-1820
Texas: 1-877-894-2034		
PRIORITY LEVEL		
<input type="checkbox"/> Standard <input type="checkbox"/> Post Service *For an urgent request, call 1-800-351-8777		
Requestor's Name:	Fax:	Phone: Ext.
MEMBER		
WellCare ID:	Last Name:	First Name, MI:
Medicaid/Medicare #:	Phone Number:	Date of Birth:
REQUESTING PROVIDER		
WellCare ID :	Provider/Facility Name:	
Address:	City, State, ZIP	
Phone:	Fax:	NPI/Tax ID:
SERVICING FACILITY		
WellCare ID:	NPI/Tax ID:	
Facility Name:	Phone Number:	Fax Number
Address	City, State, ZIP	
SERVICING PROVIDER		
WellCare ID:	NPI/Tax ID:	
Facility Name:	Phone Number:	Fax Number
Address	City, State, ZIP	
REQUESTED SERVICES		
<input type="checkbox"/> Ambulatory Surgery <input type="checkbox"/> Dialysis <input type="checkbox"/> Lab <input type="checkbox"/> Office visit/procedure <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Radiation Therapy		
Place of Service: <input type="checkbox"/> 11 Office <input type="checkbox"/> 22 Outpatient Hospital <input type="checkbox"/> 24 Ambulatory Surgery <input type="checkbox"/> 81 Independent Lab		
Date of Service ___/___/____		
Primary ICD-10 Code: _____ Description: _____		
Primary CPT-4 Code : _____ Description: _____		
Please include additional procedures codes, as applicable, in the Clinical Summary below.		
Pertinent Clinical Summary: (Attach supporting clinical records, if necessary).		

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.