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Hospice Auth Request 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 to make 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 numbers at bottom of form.

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

| MEMBER INFO (Please Print) | | | |
|--|----------------------|---------------------------|--------------------|
| WellCare ID*: | | Medicaid/Medicare ID: | |
| Last Name*: | First Name, MI*: | Date of Birth*: / / | |
| REQUESTING PROVIDER | | | |
| WellCare ID: | | NPI/Tax ID*: | |
| Provider Name*: | | Address: | |
| City, State, ZIP: | | Fax*: | Phone: |
| HOSPICE PROVIDER (Please Print) | | | |
| WellCare ID: | | NPI/Tax ID*: | |
| Provider/Facility Name*: | | Address: | |
| City, State, ZIP: | | Fax*: | Phone: |
| PLACE OF SERVICE | | | |
| <input type="checkbox"/> Home (12) <input type="checkbox"/> Inpatient Hospital (21) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Other (please specify): _____ | | | |
| DIAGNOSIS CODES* | | | |
| ICD-10: | ICD-10: | ICD-10: | ICD-10: |
| REQUESTED SERVICES (please choose only one) | | | |
| | Requested Start Date | Requested End Date | # of Hours Request |
| <input type="checkbox"/> Routine Home Care T0402 | | | |
| <input type="checkbox"/> General Inpatient T2045 | | | |
| <input type="checkbox"/> Inpatient Respite T2044 | | | |
| <input type="checkbox"/> Continuous Home Care T2043 | | | |
| <input type="checkbox"/> Other | | | |
| Description: | | | |

Fax completed form to:

| Medicare Fax Lines | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| Arizona Value (HMO) 1-855-754-8483 | Arizona Patriot (PPO) 1-866-246-9832 | Connecticut 1-866-455-6529 |
| Florida Medicare Only 1-877-892-8216 | Georgia Medicare Only 1-877-892-8213 | Florida/Georgia Dual 1-877-277-1820 |
| Illinois 1-877-899-2044 | Kentucky 1-888-361-5684 | New Jersey 1-877-892-8221 |
| New York 1-877-892-8214 | Texas 1-877-894-2034 | All others 1-888-361-5684 |