

## Want faster service? Use our Provider Portal @ provider.wellcare.com

## \*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/M	Medicaid/Medicare ID:				
Last Name*:	First	Name, MI*:	Date of Birth*:	/ /			
REQUESTING PROVIDER							
Wellcare ID:		NPI/Tax ID*:	NPI/Tax ID*:				
Provider Name*:		Address:	Address:				
City, State, ZIP:		Fax*:	Phone:	Phone:			
HOSPICE PROVIDER (Please Print)							
Wellcare ID:		NPI/Tax ID*:	NPI/Tax ID*:				
Provider/Facility	y Name*:	Address:	Address:				
City, State, ZIP:		Fax*:	Phone:				
PLACE OF SERVICE							
☐ Home (12) ☐ Inpatient Hospital (21) ☐ Hospice (34) ☐ 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		
☐ Routine Home Care T0402					
☐ General Impatient T2045					
☐ Impatient Respite T2044					
☐ Continuous Home Care T2043					
☐ 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			