



Surgery Prior Authorization Request Form

**Indicates a required field*

Requirements: Clinical information and supporting documentation should consist of current physician orders, 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**.

 Please fax completed form to appropriate number at bottom of form.

Requestor Name*:	Fax*:	Phone*:
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Member Information (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*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

Facility (please print)

Wellcare ID:	NPI/Tax ID*:	
Facility Name*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

Treating Provider (please print)

Wellcare ID:	NPI/Tax ID*:	
Provider/Facility Name*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

(continued)

Diagnosis Codes*

ICD-10:	ICD-10:	ICD-10:	ICD-10:
Place of Service: (check one):	<input type="checkbox"/> Outpatient Hospital (22) <input type="checkbox"/> Inpatient Hospital (21)	<input type="checkbox"/> Ambulatory Surgery Center (24) <input type="checkbox"/> Other(99) (please specify): _____	
Planned/Anticipated Surgery Date*: / /			

Procedure Code(s)*	Description
CPT Code:	
CPT Code:	
CPT Code:	
CPT Code:	
CPT Code:	
CPT Code:	

 Please fax completed form to:

Medicare Fax Lines

Connecticut: 1-866-455-6529	Kentucky: 1-888-361-5684
Florida Medicare only: 1-877-892-8216	New Jersey: 1-877-892-8221
Georgia Medicare only: 1-877-892-8213	New York: 1-877-892-8214
Florida/Georgia Dual: 1-877-277-1820	Texas: 1-877-894-2034
Illinois: 1-877-899-2044	All others: 1-888-361-5684



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