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DME Authorization Request

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: Medicare 1-888-505-1201/Medicaid 1-888-846-4262.

Fax completed form to: 1-888-881-8225

Requestor Name: Fax: Phone:

MEMBER INFO (Please Print)
OHANA ID: Medicaid/Medicare ID:
Last Name: First Name, MI: Date of Birth: / /
ORDERING PROVIDER (Please Print)
WellCare ID: NPI/Tax ID:
Provider Name: Address:
City, State, ZIP: Phone: Fax:
DISPENSING PROVIDER (Please Print)
WellCare ID: NPI/Tax ID:
Provider Name: Address:
City, State, ZIP: Phone: Fax:
REQUESTED EQUIPMENT (Please Print)
Please submit separate requests for Prosthetics vs Orthotics and Purchases vs Rentals
Prosthetic Orthotics Purchase Rental x Months
Equipment Serial Number:
Is item needed for discharge? (circle one) Y/N Discharge Date: / /
Has this item been dispensed? (circle one) Y/N Dispense Date: / /
ICD-10 Code: ICD-10 Code: ICD-10 Code: ICD-10 Code:
HCPC Code: Description: Units:
HCPC Code: Description: Units:
HCPC Code: Description: Units:
HCPC Code: Description: Units: