



Harmony/WellCare IET referral (Initial Appointment)

Please send this form via facsimile to <Kenya Brownlee> at <1-813-283-5520> or e-mail at <Kenya.Brownlee@wellcare.com>

Date _____

Member Name _____

Member ID # _____

Member DOB _____

Member Telephone # _____

Diagnosis _____

Referral Information (Where was the member referred for follow-up treatment?)

Provider Name _____

Provider Address _____

Provider Phone # _____

Date of Appointment (Must be within 14 days of the substance abuse diagnosis)

Time of Appointment _____ AM / PM (circle one)

Was member informed of gift card incentive for attending the appointment? ____ Yes ____ No

Was member provided with written notice of the appointment? ____ Yes ____ No

Your agency information:

Name _____

Provider ID _____

Address _____

Phone _____

Contact Person _____