



Harmony/WellCare IET referral (Engagement 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 _____

ID # _____

Member DOB: _____

Member Telephone # _____

Diagnosis _____

Referral Information (Where was the member referred for follow-up treatment if not being treated at your agency?):

Provider Name _____

Provider Address _____

Provider Phone # _____

Date of Follow-up Appointments (Must have 2 appointments within 34 days of the initial appointment.)

Appt # 1 _____ Time of Appointment _____ AM / PM (circle one)

Appt # 2 _____ Time of Appointment _____ AM / PM (circle one)

Was member informed of gift card incentive for attending both appointments? ____ Yes ____ No

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

Your agency information:

Name _____

Provider ID _____

Address _____

Phone _____

Contact Person _____