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## Hospice Auth Request Form

\*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 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 Staywell at 1-866-334-7927 or CMS Health Plan at 1-866-799-5321

Fax completed form to: (855)-657-8641

Requestor Name: \_\_\_\_\_ Fax\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

MEMBER INFO (Please Print)			
WellCare ID*:	Medicaid/Medicare ID:	First Name, MI*:	
Last Name*:	First Name, MI*:	Date of Birth*:    /    /	
REQUESTING PROVIDER			
WellCare ID:	NPI/Tax ID*:		
Provider Name*:	Address:		
City, State, ZIP:	Fax*:	Phone:	
HOSPICE PROVIDER			
WellCare ID:	NPI/Tax ID*:		
Provider Name*:	Address:		
City, State, ZIP:	Fax*:	Phone:	
DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD-10:	ICD-10:
REQUESTED HOSPICE SERVICES*			
Requested Start Date		Requested End Date	
<input type="checkbox"/> Routine Home Care T2042			# of Hours Requested:
<input type="checkbox"/> General Inpatient T2045			
<input type="checkbox"/> Inpatient Respite T2044			
<input type="checkbox"/> Continuous Home Care T2043			
<input type="checkbox"/> Other: Description:			

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). \*Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.

