



Inpatient Authorization Request

FAX TO : MEDICARE

All States Medicare: Fax (855)-776-9464

FAX TO : MEDICAID

Florida : (877) 431-8860 **Georgia :** (877) 431-8860 **Illinois :** (877) 431-8860 **Kentucky :** (877) 338-2996
New Jersey: (888)339-6339 **New York :** (877) 431-8860 **South Carolina :** (888) 343-6242

CHECK ONE OF THE FOLLOWING:

Inpatient Observation Skilled Nursing Inpatient Rehab LTAC Labor Check Hospice

Required Information: In order to ensure our members receive quality care, appropriate claims payment, and notification of servicing providers, please completes this form in its entirety. Please type or print in black ink and submit this request to the fax number above.

Do not use this form for an urgent request, call (800) 351-8777.

MEMBER

WellCare ID:	Last Name:	First Name, MI:
Medicaid/Medicare #:	Phone Number:	Date of Birth:

REQUESTING PROVIDER

WellCare ID Number:	NPI Number/Tax ID:	
Last Name:	First Name:	
Street Address:	City, State:	Zip Code:
Phone Number:	Fax Number:	
Provider Type/Specialty:	Name of Requester:	

TREATING PROVIDER

Provider ID :	Specialty :	
Provider Last Name :	Provider First Name :	
Address :	City, State:	Zip Code :
Phone Number :	Fax Number :	

FACILITY

Type : Planned Admission Emergency Notification Medical Record Number :

WellCare ID Number:	NPI Number:	
Facility Name:	Phone Number:	Fax Number:
Street Address:	City, State:	Zip Code:

SERVICE REQUESTED

Planned Date of Service : From: __/__/____ To: __/ /____ Or Requested length of stay : _____ days

Primary ICD-10 Code :	Description :
Primary CPT-4 Code :	Description :

Please include additional procedures codes, as applicable, in the Clinical Summary below.

Pertinent Clinical Summary: (Attach supporting clinical records, if necessary).

*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.*