



Inpatient Authorization Request

FAX TO : MEDICARE

Arkansas: (877) 431-8860
 Georgia: (877) 431-8860
 Mississippi: (877) 431-8860

Connecticut : (877) 431-8860
 Kentucky: (888) 365-5706
 Illinois: (877) 431-8860

New Jersey : (877) 431-8860
 S. Carolina: (877) 431-8860
 Tennessee: (877) 431-8860

Florida : (877) 431-8860
 Louisiana : (877) 431-8860
 New York : (877) 431-8860
 Texas : (877) 431-8860

FAX TO : MEDICAID

Florida : (877) 431-8860
 Nebraska: (877) 431-8860

Georgia : (877) 431-8860
 New Jersey: (888)339-6339

Illinois : (877) 431-8860
 New York : (877) 431-8860

Kentucky : (877) 338-2996
 S 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.*