



# Outpatient Authorization Request Form Without Transportation

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**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: **Medicare 1-888-505-1201/Medicaid 1-888-846-4262.**

**Fax completed form to: 888-881-8225**  
**\*Indicates a required field**

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

<b>MEMBER INFO (Please Print)</b>			
<b>Member ID*:</b>		<b>Medicaid/Medicare ID:</b>	
<b>Last Name*:</b>	<b>First Name, MI*:</b>	<b>Date of Birth*:</b> /    /	
<b>REQUESTING PROVIDER (Please Print)</b>			
<b>Provider ID:</b>		<b>NPI/Tax ID*:</b>	
<b>Provider Name*:</b>		<b>Address:</b>	
<b>City, State, ZIP:</b>		<b>Fax*:</b>	<b>Phone:</b>
<b>SERVICING PROVIDER OR FACILITY (Please Print)</b>			
<b>Provider ID:</b>		<b>NPI/Tax ID*:</b>	
<b>Provider/Facility Name*:</b>		<b>Address:</b>	
<b>City, State, ZIP:</b>		<b>Fax*:</b>	<b>Phone:</b>
<b>DIAGNOSIS CODES*</b>			
<b>ICD-10:</b>	<b>ICD-10:</b>	<b>ICD:10</b>	<b>ICD:10</b>
<b>REQUESTED SERVICES</b>			
<input type="checkbox"/> Pre-planned Inpatient <input type="checkbox"/> Ambulatory Surgery <input type="checkbox"/> Office visit/Procedure <input type="checkbox"/> Home Health <input type="checkbox"/> Other: _____			
<b>Anticipated Service Date*:</b> ___/___/___ to ___/___/___			
<b>PROCEDURE CODE(S)*</b>	<b>Description</b>	<b>PROCEDURE CODE(S)*</b>	<b>Description</b>
<b>CPT Code:</b>		<b>CPT Code:</b>	
<b>CPT Code:</b>		<b>CPT Code:</b>	
<b>CPT Code:</b>		<b>CPT Code:</b>	



*'Ohana Health Plan is proud to serve Medicaid members in the state of Hawai'i. The information presented here is also representative of our affiliated and newly refreshed Wellcare brand of Medicare Advantage products serving members across the country. If you have any questions, please contact Provider Relations.*