

Want faster service? Use our Provider Portal @ provider.wellcare.com

Surgery Prior Auth Request Form

*Indicates a required field

Requirements: *Clinical information and supporting 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 to make a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call 1-855-538-0454.

Fax completed form to appropriate number at bottom of form.

Requestor Name: _____ **Fax*#:** _____ **Phone*#:** _____

MEMBER INFO (Please Print)			
WellCare ID*:		Medicaid/Medicare ID:	
Last Name*:	First Name, MI*:	Date of Birth*: / /	
REQUESTING PROVIDER			
WellCare ID:		NPI/Tax ID*:	
Provider Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
FACILITY (Please Print)			
WellCare ID:		NPI/Tax ID*:	
Facility Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
TREATING PROVIDER (Please Print)			
WellCare ID:		NPI/Tax ID*:	
Provider/Facility Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD-10:	ICD-10:
Place of Service (check one): <input type="checkbox"/> Outpatient Hospital (22) <input type="checkbox"/> Ambulatory Surgery Center (24) <input type="checkbox"/> Inpatient Hospital (21)			
Planned/Anticipated Surgery Date*: ____ / ____ / ____			
PROCEDURE CODE(S)*	Description	PROCEDURE CODE(S)	Description
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	

Fax completed form to:

Medicare Fax Lines		
Arizona Value (HMO) 1-855-754-8483	Arizona Patriot (PPO) 1-866-246-9832	Connecticut 1-866-455-6529
Florida Medicare Only 1-877-892-8216	Georgia Medicare Only 1-877-892-8213	Florida/Georgia Dual 1-877-277-1820
Illinois 1-877-899-2044	Kentucky 1-888-361-5684	New Jersey 1-877-892-8221
New York 1-877-892-8214	Texas 1-877-894-2034	All others 1-888-361-5684