

DME Ancillary Services Authorization Request

Health Pla	าร				
FAX TO (855)657 8641 For Florida Medicaid and Florida Medicare FAX TO (877) 338 3713 For Kentucky Medicaid FAX TO (877) 431 8859 For all other Plans CHECK ONE OF THE FOLLOWING:					
☐ DME ☐ Transition of Care					
☐ (POS) POINT OF SERVICE BENEFIT OPTION ELECTED BY MEMBER. Higher share of cost for member will apply.					
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 INFORMATION					
WellCare ID :	Last Name:	Last Name:		First Name, MI:	
Medicaid/Medicare #:	Phone Number:		Date of Birth:		
ORDERING PROVIDER INFORMATION					
WellCare ID Number: NPI Number:					
Last Name: Street Address:		First Name:			
		City, State: Zip Code:			
Phone Number:		Fax Number:			
Provider Type/Specialty: Name of Requester:					
TREATING PROVIDER / VENDOR					
☐ Check this box to skip this section and have the Plan assign to the Provider / Vendor					
WellCare ID Number:		NPI Number:			
Last Name:		First Name:			
Street Address:				Zip Code:	
Phone Number:		Fax Number:			
Provider Type/Specialty: Name of Requester:					
Type: Office Home					
Type:	☐ Home				
SERVICE REQUESTED					
Planned Date of Service: From:// To:/					
Primary ICD-10 Code : Description :					
CPT – 4 / HCPC Code	Description of Procedure or Services	Units	Tot	al Amount Billed (DME)	
Pertinent Clinical Summary: (Attach supporting clinical records, if necessary). For customized equipment or services, specify pertinent member information (i.e., height, weight, O2 Saturation, sleep study, functional assessment, etc.)					

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. NA027152_PRO_FRM_ENG Internal Approved 12102014

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