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Surgery Prior Authorization Request Form

*Indicates a required field

Requirements: Clinical information and supporting documentation should consist of current physician orders, 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.

Please 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 (Please Print)
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:
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Place of Service: Outpatient Hospital (22) Ambulatory Surgery Center (24)
 (check one): Inpatient Hospital (21) Other(99) (please specify): _____

Planned/Anticipated Surgery Date*: ____ / ____ / ____

PROCEDURE CODE(S)* Description PROCEDURE CODE(S) Description

CPT Code:		CPT Code:	
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	

Please 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