

Authorization Form



9235 Katy Freeway
Houston, Tx. 77024

Standard requests for Notification and Authorizations FAX to 1-855-348-6386 (855-34VMDUM).
Authorization requests Call 1-888-348-6386 (888-34-VMDUM).

Date: _____

This request will be treated as per the standard organization determination timeframes. **If the request needs to be treated as expedited, please provide justification** that applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function:

Patient Name:		DOB:	
WellCare Member ID#:		Member Phone #:	
Type of Plan: <input type="checkbox"/> WC TexanPlus Classic <input type="checkbox"/> WC TexanPlus Choice <input type="checkbox"/> WC TexanPlus Value			
Member Address:		City:	State: Zip:
Referral Type:			
<input type="checkbox"/> Inpatient Admit <input type="checkbox"/> Outpatient Surgery <input type="checkbox"/> Home Health (SN/ST/PT/OT) <input type="checkbox"/> DME <input type="checkbox"/> Outpatient Therapy (ST/PT/OT) <input type="checkbox"/> Office Visit <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other: Ambulance Transportation			
Diagnostic Procedure/Testing:			
Requesting Physician:		WellCare Provider ID# or NPI #:	
Address:		City:	State: Zip:
Phone #:		Fax #:	
Contact Person:			
Treating Provider/Facility: Acadian Ambulance Service of TX		WellCare Provider ID# or NPI #: 991538	
Address: 3720 Corley Ave.		City: Beaumont	State: TX Zip: 77701
Phone #: 337-337-8056		Fax # 337-291-2271	
If Referring Out-of-Network, Please State Reason:			
Requested Procedure Description:			
CPT Code:		Requested Procedure/Admit Date:	
Additional Procedure(s):		CPT Code(s):	
Primary Diagnosis		Date of Last Office Visit:	
Secondary Diagnosis(es):			
Primary Diagnosis/Rule Out:		ICD - 10 Code:	
Secondary Diagnosis(es):		ICD - 10 Code(s):	

****PLEASE INCLUDE CLINICAL DOCUMENTATION WITH REQUEST****

ALL REFERRALS FOR HMO PLAN MEMBERS MUST BE MADE TO CONTRACTED PROVIDERS

ALL LABWORK MUST BE SENT TO: Quest Diagnostics or other in-network lab provider.

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