



Wellfleet Medical Prior Authorization Form

For use when no state specific form is available

Applicable Services:

Wellfleet utilizes utilization management (UM) vendors for services that require pre-certification. Clinical review criteria and information on how to submit pre-certification requests to UM vendors may be found

<https://wellfleetstudent.com/providers/> under **Other Provider Resources**

Do not use this form: **1)** to request an appeal, **2)** to confirm eligibility, **3)** to verify coverage, **4)** to ask whether a service requires prior authorization, **5)** to request prior authorization of a prescription drug, or **6)** to request a referral to an out of network physician, facility, or other health care provider.

For further information or questions, please call the phone number listed on the back of the customer's ID card or call the Customer Service team (800)633-7867.

PLEASE NOTE: Determination of medical necessity will follow state specific turnaround times upon receipt of this form and all necessary information.

There may be a delay if additional information is needed.



Prior Authorization Request Form For Health Care Services

Do not use this form: 1) to request an appeal, 2) to confirm eligibility, 3) to verify coverage, 4) to ask whether a service requires prior authorization, 5) to request prior authorization of a prescription drug, or 6) to request a referral to an out of network physician, facility, or other health care provider.

MEMBER INFORMATION				
Legal Name:		Preferred Name (if different):		
DOB:		Address:		
Member ID:		Phone/Email:		
GENERAL INFORMATION				
REVIEW TYPE:	NON-		URGENT	
URGENT				
Clinical Reason for Urgency:				
PROVIDER INFORMATION				
Referring/Requesting Provider Information			Rendering/Attending Provider Information	
Name:			Name:	
Practice Name:			Practice Name:	
Address:			Address:	
Phone:			Phone:	
Fax:			Fax:	
Email:			Email:	
REQUIRED CLINICAL INFORMATION				
Date of Request:		Type of Service:		
Dates of Services:				
Diagnoses (List ICD-10 Codes and Descriptions)		3)		
1)		4)		
2)		5)		
Additional:				
Procedure(s) Requested (List all CPT/HCPCS Codes)		4)		
1)		5)		
2)		6)		
3)		7)		
Additional Clinical Information Attached:			Number of Pages:	

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