



Prior Authorization Request Form For Health Care Services

Applicable Services:

- PT/OT/CHIRO/SPEECH/ACUPUNCTURE PERFORMED BY OUT-OF-NETWORK PROVIDERS
- GENDER AFFIRMING 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, 6) for services that require precertification*, or 7) 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 <input type="checkbox"/> URGENT <input type="checkbox"/>
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: <input type="checkbox"/>	Number of Pages: <input type="checkbox"/>

PLEASE NOTE: Determination of medical necessity will be made in an expedited manner upon receipt of this form and all necessary information. There may be a delay if additional information is needed. Wellfleet may utilize independent review organizations. *Wellfleet utilizes utilization management (UM) vendors for services that require pre-certification, separate from the "Applicable Services" noted at the top of this form. Clinical review criteria and information on how to submit pre-certification requests to UM vendors may be found <https://wellfleetstudent.com/forms>.

Completed form and all supporting documentation may be submitted to Wellfleet via fax (413-781-1958) or email priorauth@wellfleetinsurance.com.