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DME Authorization Request Form

***Indicates required field**

Requirements: *Clinical information and supporting documentation should consist of current physician order, 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*: / /

ORDERING PROVIDER		
Wellcare ID:	NPI/Tax ID*:	
Provider Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

DISPENSING PROVIDER (Please Print)		
Wellcare ID:	<input type="checkbox"/> Plan to Assign	NPI/Tax ID*:
Provider Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

PLACE OF SERVICE*	
<input type="checkbox"/> OFFICE (11) <input type="checkbox"/> HOME (12) <input type="checkbox"/> OTHER (please specify): _____	

DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD-10:	ICD-10:

REQUESTED SERVICES* (Please Print)
 Please submit separate request for prosthetics vs. orthotics and purchases vs. rentals

<input type="checkbox"/> Prosthetic <input type="checkbox"/> Orthotics <input type="checkbox"/> Other	<input type="checkbox"/> Purchase <input type="checkbox"/> Rental x _____ Months
Is item needed for discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date: _____ / _____ / _____
Has this item been dispensed* <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispensed Date: _____ / _____ / _____

HCPC Code*:	Description:	Quantity:
HCPC Code*:	Description:	Quantity:
HCPC Code*:	Description:	Quantity:
HCPC Code*:	Description:	Quantity:
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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