

INITIAL OUTPATIENT SERVICE REQUEST FORM
FAX TO: 1-888-871-0590

	Initial Service Request	<p>The services identified below can be registered without a clinical review once per member per year. Initial service requests should be sent to the Health Plan fourteen (14) days prior to the date the requested services will be performed. If a response has not been received within two (2) business days, call 1-800-424-5412 to confirm your request has been received. If your request for services are denied using this process it means that the initial service set is already in use and you will need to revert to a Prior Authorization Request.</p>			
MEMBER INFORMATION					
Last Name		First Name, Middle Initial		Date of Birth	
Phone Number	Yes No	WellCare ID Number		Gender	Female Male
Third Party Insurance?	Yes No	If Yes , please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.	Languages spoken		
FOR INDIVIDUAL PROVIDERS: TREATING PROVIDER /PRACTITIONER INFORMATION					
Last Name		First Name		NPI Number	
WellCare ID Number		Participating	Yes No	Discipline/ Specialty	
Street Address		City, State		Zip	

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Phone Number		Fax Number		Office Contact	
CMHC/ FACILITY INFORMATION (use instead of above)					
Name		Facility ID		NPI Number	
Street Address		City, State		Zip	
Phone Number		Fax Number		Office Contact	
REQUESTED SERVICES					
Primary ICD-9 Code(s)		Description/Condition			
The following services may be registered upon request. One set of registered services are allowed per member annually. Services will be registered and effective for the fiscal year (July 1-June 30).					
	Code	Units Registered	Code	Units Registered	
CPT/HCPCS Code(s)					<p>Submission of this form is your agreement to accept the sessions/units indicated.</p> <p>All further outpatient services on this form that you wish to provide within the year must be requested using the Prior Authorization process.</p>
	(Codes below include all legal modifiers)	You will receive the following units for each service below	Check in this column next to each service if you wish it to be	You will receive 20 sessions that include any/all of the	

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			registered	following 9000-series codes (they are not registered separately- you can bill for up to 20 total including all the below) <u>Check here if you wish these to be registered</u>	
	H0004	36			
	H0036 and H2021: combined	36		90887 90853 90849 90847 90846 90838 90836 90834	
	H2014, H2015 and H2032: combined	36			
	H0038	36			