

Precertification request

Wellpoint prior authorization: 800-454-3730 Fax: 800-964-3627

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:

Provider return fax:

Member information

First name: _____ Last name: _____ Wellpoint member ID: _____

Address: _____ City, State ZIP code: _____

DOB: _____ Contact Phone: _____

Additional member information:

Referring provider Participating Nonparticipating

Full name: _____

NPI: _____ Provider ID: _____ Tax ID number (TIN): _____

Office contact name: _____ Office phone: _____ Office fax: _____

Address: _____ City, State ZIP code: _____

Specialty: _____

Servicing provider Participating Nonparticipating

Full name: _____

NPI: _____ Provider ID: _____ TIN: _____

Office contact name: _____ Office phone: _____ Office fax: _____

Address: _____ City, State ZIP code: _____

Specialty: _____

Servicing facility Participating Nonparticipating

Name: _____

NPI: _____ Provider ID: _____ TIN: _____

Facility contact name: _____ Facility phone: _____ Facility fax: _____

Address: _____ City, State ZIP code: _____

Requested service (for type of service, check all that apply) **Date/date range of service:**

ICD-10 code(s): _____

CPT code(s) (include requested units): _____

Type of service: Outpatient Planned inpatient Emergent inpatient Skilled nursing facility
 Long-term services & supports/long-term care Home health

Durable medical equipment Diagnostic study Hospice Office visit Personal care services

Other: _____

Place of service: Hospital Ambulatory surgery center Office Home Independent lab

Nursing facility Other: _____

Additional information: _____

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Wellpoint, please provide the authorization number with your submission.

Emergent – use for ALL nonelective INPATIENT admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day).

Urgent – use for OUTPATIENT services only, when provider indicates that the service is urgent, emergent or expedited.