Wellpoint

Outpatient Prior Authorization Request

Phone: **833-731-2149** Fax: **800-964-3627**

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

Member information			
First name:	Last name:	Wellpoint member ID:	
Address:		City, state ZIP:	
DOB:	Contact phone:		
Additional member information:			
Referring provider ☐ **Participating** ☐ **Nonparticipating**			
Full name:			
NPI:	Provider ID:	TIN:	
Office contact name:	Office phone:	Office fax:	
Address:	City, state ZIP:		
Specialty:			
Servicing facility ☐ **Participating** ☐ **Nonparticipating**			
Full name:			
NPI:	Provider ID:	TIN:	
Facility contact name:	Office phone:	Office fax:	
Address:	City, state ZIP:		
Specialty:		Continuity of care ☐Y ☐N	
Requested service (check all that apply)	**Date/date range of**	**From:**	**To:**
ICD-10 code(s):			
CPT code(s) (or HCPCS code[s]; include requested units):			
Type of service: ☐Home health ☐Home infusion ☐DME ☐Diagnostic ☐Hospice ☐Office visit ☐Other:			
Place of service: ☐Hospital ☐Ambulatory surgery ☐Office ☐Home ☐Independent lab ☐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.

This area is reserved for the definition of what is considered expedited, urgent or emergent.

☐Routine ☐Emergent ☐Urgent ☐Expedited ☐Extension

Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Wellpoint claims payment policy and procedures.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.