

MEDICAL ADMISSION FAX COVER SHEET

Requirements: Include this cover sheet with faxed member information. Only one (1) Member per transmission. *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics.*

RECIPIENT: WellCare Health Plans	SENDER NAME:
FAX TO:	SENDER FAX:
ATTENTION:	SENDER PHONE:
PAGES (INCLUDING COVER SHEET)	DATE:
MEMBER NAME:	FACILITY NAME:
MEMBER ID:	FACILITY NPI/TAX ID:
MEMBER DOB:	UR FAX NUMBER:

Urgent: Check if the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function. Participating providers may submit notification at www.wellcare.com.

Select Admission Type

- Acute INP Admission
 Observation
 Sub Acute Rehab
 Acute INP Rehab Admission
 LTAC
 Waitlist/Swingbed
 Custodial/Long Term Care

Actual Admission or Planned Admission Date: ____/____/____

<input type="checkbox"/>	Concurrent Review Clinicals	Case ID# or Auth Number: _____
<input type="checkbox"/>	Level of Care Change (please specify in comments section)	LOC Date: ____/____/____
<input type="checkbox"/>	Discharge Notification	D/C Date: ____/____/____. D/C Planning needed (specify in comments) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	NICU or Sick Baby notification (Include Mother & Infants' Member IDs and names alias in comments section)	
<input type="checkbox"/>	Boarder Baby/Detained Infant	Indicate Mother's Discharge Date: ____/____/____

COMMENTS:
