

Authorization Request Form

For any questions regarding this authorization, scheduling or verification of In Network Providers please contact:

Telephone: (650) 336-0300 or **Email:** WelbeHubRequest@welbehealth.com

Notice: WelbeHealth has a 14-day calendar day turnaround time on routine authorization requests beginning on date of receipt. Urgent requests will be processed within 2-7 business days upon receipt of a complete form and based on medical necessity as outlined in supporting documentation. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Market

- Coastline (LAC): 1220 E. 4th Street Long Beach, CA 90814 | Phone: (562) 206-1681 | Fax: (855) 712-7837
- Sierra PACE (STN): 582 E. Harding Way Stockton, CA 5204 | Phone: (209) 442-6077 | Fax: (844) 548-3818
- Pacific PACE (PAC): 50 Alessandro Pl. a20, Pasadena, CA 91105 | Phone: (626) 314-1411 | Fax: (855) 245-2961
- Sequoia PACE (SEQ): 1649 Van Ness Ave, Fresno, CA 93721 | Phone: (559) 777-6722 | Fax: (833) 963-2082

Type of Request

- New Post Service Modification

If this request is to modify an existing authorization please provide authorization #:

Urgency

Requests submitted as an urgent referral when standard timeframes could seriously jeopardize the participant's life or health or ability to attain, maintain or regain maximum function

- Urgent Routine

Member Information

Full Name:

Date of Birth:

ID Number:

Servicing Provider/Referred To

***Required if requesting services will be authorized to someone other than referring**

- MD Vendor Lab Facility Other

Name:

Address:

Phone:

NPI:

Referring Provider

Full Name:

Specialty:

Place of Service

- ASC Long Term Care In - Office Home Visit
- Home Care Agency Outpatient Hospital Inpatient Hospital
- Other (Explain): _____

Date of Service and Location address (if scheduled):

Requesting Office Information

Contact:

Phone: _____ **Ext.** _____

Fax:

Please enter all codes requested with a description:

ICD-10 Primary Dx Code:

ICD-10 Additional Dx Code (s):

CPT/HCPCS Code (s):

CPT/HCPCS Code Description:

of Units being requested:

- Hours Days Months Visits Dosage

If applicable:

Service Start Date:

Service End Date:

Patient Clinical Information Needed

History and physical and/or consultation notes including:

Clinical findings (i.e., pertinent symptoms and duration)	Prior conservative treatments, duration, and response
Comorbidities	Past and present diagnostic testing and results
Activity and functional limitations	Treatment plan (i.e., surgical intervention)
Family history if applicable	Consultation and medical clearance report(s), when applicable
Reason for procedure/test/device, when applicable	Radiology report(s) and interpretation (i.e., MRI, CT, discogram)
Pertinent past procedural and surgical history	Laboratory results