

# Provider PFFS Appeal for Medical Necessity and/or Benefits Denials Request Form

**Provider Appeal for Medical Necessity and/or Benefits Process for WellCare Private Fee-for-Service (PFFS)\***

A provider has sixty (60) days from the date of the initial determination to submit a medical necessity and/or benefit appeal.

- This form, all additional, appropriate appeal forms and medical records should be:
  - o Mailed to  
WellCare Health Plans, Inc., Attn: PFFS Provider Appeals  
P.O. Box 31368, Tampa, FL 33631
  - o Or faxed to: 1-866-201-0657 (if less than 10 pages)
- Provider appeals will be resolved, in writing, within sixty (60) days of initial receipt of the appeal by WellCare.

A provider may also appeal decisions on behalf of a member as an appointed representative, or appeal on his or her own right using the member’s appeal process by signing a waiver of liability (promising to hold the member harmless regardless of the outcome). There must be existing potential member liability in order for a provider to appeal utilizing the member’s appeal process. To view all the details of the process visit <http://www.wellcarepffs.com/provider/terms> and see the section “Member and Provider Appeals and Grievances.”

Request Date: \_\_\_\_\_

Bundled Request?  Yes  No

Has the service been provided yet?  Yes  No

Expedited Request?  Yes  No  
(See reverse side for definition of Expedited Request)

**Provider/Appellant Information**

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact Person \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**Service Provided Information**

Date(s) of Service: \_\_\_\_\_  
 Place of Service: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Reason Given for Denial (from EOB or denial letter):	
	Medical Necessity
	Lack of Information
	Benefits Exhausted
	Out of Network
	Not a Covered Benefit
	Other:

**\*Please note** this is **not** the form to use if you have a claims payment dispute. That form, Provider Claim Payment Resolution Process Form, can be found at [www.wellcarepffs.com/provider/forms](http://www.wellcarepffs.com/provider/forms).