

**Non-Medicare Member Administrative Review Request Form**

Please use this form to submit your administrative review in writing. You may attach additional sheets, if necessary. If you have filed a standard administrative review verbally, you must send this form back to the Plan prior to our completion time frame of your verbal request. If the form or written request is not received, no decision will be returned to you.

- Medicaid
  - PeachCare for Kids
- Request Date: \_\_\_\_\_  
Has the service been provided yet? \_\_ Yes \_\_ No  
Expedited Request: \_\_ Yes \_\_ No \* See Below

**Requestor (Appellant) Information**

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

**Relationship to Member:**

- Self
- Appointed Representative
- Power of Attorney
- Parent/Guardian
- Provider (must have written consent from member to file on member's behalf)

**Member Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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**SERVICES PLANNED INFORMATION (Pre-service Request)**

Who are you requesting to provide the service?

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

What date is the service planned to begin? \_\_\_\_\_

Why do you feel the planned service should be authorized?

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If your denial received was for a request for an out-of-network provider, why do you feel we should authorize the request?

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**SERVICES PROVIDED INFORMATION (Retrospective request)**

Who provided the service(s) or who are you being billed by?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Please state why the services were not authorized prior to services being rendered:

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I hereby request an administrative review described in this document and understand that in order for the administrative review to be considered, WellCare of Georgia, Inc.(the Health Plan), may need medical records and other records or other information related to my appeal. I authorize persons or entities that have any medical or other records, or knowledge of me or my dependants, to release such information to WellCare of Georgia, Inc. (the Health Plan). Those persons or entities may include any: 1) licensed physician; 2) medical practitioner; 3) hospital, 4) clinic or other medical or medically-related provider; 5) insurer; 6) employer; or 7) other organization, institution, or person. I specifically authorize the release of the following records or information if needed for the review of my administrative review: any and all medical records and information about, associated with, or with reference to: 1) a positive test result for HIV infection; 2) ARC; 3) AIDS; 4) alcohol or drug dependency; and 5) mental and nervous disorders.

\_\_\_\_\_  
Member or Authorized Representative's Signature

\_\_\_\_\_  
Date

You may fax to (866) 201-0657 or mail to:

WellCare of Georgia, Inc.  
Attn: Appeals Department  
P.O. Box 31368  
Tampa, Florida 33631-3368

If you have any further questions or concerns regarding this form, or about your administrative review and grievance rights, please contact Customer Service at (866) 231-1821, or you may also access TTY/TDD (877) 247-6272, if hearing impaired. Our hours of operation are Monday - Friday 7:00 a.m. – 7:00 p.m. ET, except for holidays.

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**\* Expedited Administrative Review:**

An administrative review for a service that has not already been rendered and which taking the time for a standard resolution could seriously jeopardize the member's life, health or ability to attain, maintain or regain maximum function.

- **A request for expedited administrative review submitted by your treating physician or with support from your treating physician will automatically be processed as an expedited administrative review.**
- **If either of these are lacking, the Plan will review your request and determine if your request should be processed as expedited. If we do not agree with your request, we will notify you and provide you with grievance rights to grieve our decision not to expedite your grievance. Your request will then be transferred to the Standard Administrative Review process and a decision will be issued within 45-calendar days.**

**Administrative Review Timeframes**

Standard request: 30 calendar days from receipt

Expedited request: 72 hours from receipt