


If you are a Non-participating provider who has provided services to a WellCare member, a claim submission will be required to begin the claim adjudication process. Once the initial claim has been received, a provider record will be created. If information required for claim adjudication is not available, such as a State required Medicaid ID, which cannot be billed on a claim, the following actions will be taken:

1. A reject letter will be sent along with a Provider Update form, which requests the necessary information required to completely adjudicate your claim. (This form contains an important Document Control Number (DCN) and WellCare Control Number (WCN), that is required to fully adjudicate your claim.) No paper claim will be required.
2. Please Fax this form to the number on the bottom of the Provider update form. ****Please note, this form should only be faxed to the number below when a DCN and WCN number is listed in the top left.**

SAMPLE FORM



DCN:
WCN:

DATE: [LETTER_GEN_DATE]

PROVIDER UPDATE FORM

If you have previously received and submitted this form for the specified provider, PLEASE DISREGARD.

Please complete the following information and **fax this form** to the below fax number. This information is needed in order to process your claim.

Provider's Name:	Federal Tax ID #:
Group Name:	
Physical Address:	Medical License #:
	Specialty Type:
Billing Address:	Medicaid #:
	Medicare #:
Office phone #:	NPI #:
Fax #:	Office hours:
	WellCare Member ID #:
Filed By:	WellCare Member Name:
Contact #:	

Fax # 877-123-4567