



Please call Harmony's Member Eligibility Line at (800) 608-8158 to verify current eligibility.

REFERRAL AUTHORIZATION - IL

Fax # Outpatient Services: 1-866-867-9953
Fax # for DME/Therapies: 1-877-431-8859
Fax # for Elective Admissions: 1-877-431-8860
Fax # for PreNatal Care: 1-866-480-0857

TOLL FREE PHONE #: 1-800-504-2766

Try Our Electronic Referral Process: www.WellCare.com
Check Auth Status
Submit Referrals

EDI Payor ID Information:
WebMD payor ID #: 14163
SSI payor ID #: 14163
ACS payor ID #: 17004

PCP: Please fax this referral immediately to the appropriate number at the top of this form.

Consultant: Please submit electronically through the EDI #'s listed at the top of this form, or send a copy of this referral along with the claim to: Harmony Health Plan, P.O. Box 31372, Tampa, FL 33631-3372, ATTN: CLAIMS

PATIENT INFORMATION and REFERRED BY fields with various input lines for names, addresses, phone numbers, and member information.

REFERRED TO - PROVIDER and REFERRED TO - FACILITY fields with input lines for provider/facility details.

REFERRAL INFORMATION VALID FOR 60 DAYS ONLY UNLESS OTHERWISE SPECIFIED
Diagnosis ICD9 REQUIRED:

SERVICES THAT DO NOT REQUIRE AN AUTHORIZATION FROM HARMONY. Includes checkboxes for Consultation Only, Maternity Care, Lab, X-Ray, CT/MRI, EKG, US, Stress Test, Echo, and Other.

SERVICES THAT REQUIRE NOTIFICATION TO HARMONY FOR CASE MANAGEMENT. Includes checkbox for Maternity Care (Prenatal Care) with LMP and/or EDC fields.

SERVICES THAT REQUIRE AN AUTHORIZATION FROM HARMONY. For payment consideration by Harmony Health Plan, the following services MUST be pre-authorized at least 5 business days prior to the date of scheduled service. PLEASE FAX THIS FORM AND ALL PERTINENT CLINICAL INFORMATION. Includes checkboxes for Elective Admission, Home Health Care Services, Formula, PET/SPECT scan, Chiropractic Services, Non-contracted Provider, Medical Supplies/DME Purchase, Any DME Rental, Other, All surgeries and procedures, and Therapy.

PCP Signature: _____ Date: _____

CONSULTANT REPORT AND RECOMMENDATIONS. Includes fields for Name, Signature, and Date.

Harmony may not be responsible for payment of non-covered benefits or ineligible members even when a referral has been issued.
White: To Member For Consultant Yellow: For PCP Files Pink: To Harmony