



7600 Chevy Chase, Ste 200
Austin, Texas 78752
Phone: (800) 580-2273
Fax: (800) 580-3123

Pre-Authorization Request
Fax Request to: 800-580-3123
Email: UR@wellcomp.com

**Please include as much information as possible to assist in the processing of your request. Thank you.*

Claimant Information

Claimant Name:		Social Security #:	
Address:		DOB:	
City:		Phone:	
State, Zip			

Employer Information

Employer Name:		Phone:	
Address:		FEIN: (TN Only)	
City:			
State, Zip			

Workers' Compensation Insurance Information

Insurance Carrier:		Claim Number:	
Address:		DOI:	
City:		Phone:	
State, Zip		Adjuster Name:	

Requesting Provider

Doctor Name:		Phone:	
Address:		Fax:	
City:		Tax ID:	
State, Zip		NPI or License #:	

Facility Where Services Will Be Provided (if applicable)

Facility Name:		Phone:	
Address:		Fax:	
City:		Tax ID:	
State, Zip		NPI or License #:	

Requested Procedure/Services

Procedure/Service:	
DX Code(s):	
CPT Code(s):	
Date of Service(s)	<i>(Date services expected to be rendered)</i>

Are clinicals attached to support requested services? Yes No
Is this an Appeal? Yes No