

SNF, LTACH & IRF
Post-Acute Care Authorization Form



The initial prior authorization request will originate from the acute care setting unless it is a community referral. Fax to (877)-673-8784 or call (855)-739-0742 to speak with a WellSky representative.

Member Information

Member Name	Date of Birth	Member Address	
Member Phone Number	Member Sex	Member Language:	
Member Health Plan Name:	Policy/ Health Plan #:	Plan Effective Date:	

Authorization Request

Requested Care Setting:	Expected or Actual PAC Admission Date	Request Type:	Priority Type:
Servicing PAC Facility Name	Servicing PAC Facility Address		
Servicing PAC Facility Phone	Servicing PAC Facility NPI	Servicing PAC Facility Contact	Servicing PAC Facility Fax Number
PCP/Following Physician	PCP/Following Physician NPI	PCP/Following Physician Contact Information	

Requesting Provider Information

Requester Type:	Are you the requesting and servicing provider?		
<small>If you answered Yes to the previous question and you are both the servicing and requesting provider you do not need to complete the requesting provider information.</small>			
Requesting Provider Name	Requesting Provider Address		
Requesting Provider Phone	Requesting Provider NPI	Requesting Fax Number	
Ordering Physician Name	Ordering Physician NPI	Ordering Physician Contact Information	

Clinical Information

Diagnosis:
Clinical Problem:

Along with the authorization request form please submit the following (if applicable) clinical information. Missing required information could result in an unnecessary delay or potential denial. Select the clinical information that will be attached:

Initial Authorization

- Face Sheet/ Demographic Information
- History and Physical (H&P)
- Therapy Evaluations (if applicable/available)
- Therapy Progress Notes (notes should be dated within the past 24-48 hours)
- Progress Notes
- Discharge Summary (if applicable/available)
- Other Information (requests without a discharge summary):
 - Home Set-Up/ prior living situation
 - Caregiver Availability

Recertification Authorization

- Face Sheet/ Demographic Information
- Progress Notes—all disciplines

Including a WellSky Expedited Request form with your expedited requests can help ensure faster turnaround and quicker final determinations. The form verifies that the member meets the CMS criteria for expedited requests. Without this form, our team will need to verify eligibility through other methods, which may cause processing delays. For more information on expedited requests, please refer to the FAQs on the Provider Resource