



<<Date>>

<<Member\First Name>> <<Member\Last Name>>
<<Member\Mailing Address - Street>>
<<Member\Mailing Address - City>>, <<Member\Mailing Address - State>>
<Member\Mailing Address - Zip Code>>

Dear <<Member\First Name>> <<Member\Last Name>>:

The authorization that you and/or <<Provider Name>> asked for has been **approved**.
Here is more information.

Member ID: <<Member\Member ID>>

Authorization Number: <<Authorization Number>>

What has been approved? <<Authorization Type>>

Who will provide the treatment? <<Treating Provider\ Provider Name>>

<<Facility Provider\Provider Name>>, <<Provider Name>>

Where will the treatment be done? <<Treating Provider\Provider Name>>

<<Facility Provider\Provider Name>>, <<Provider Name>>

What dates can the approval be used? <<Effective Date>> - <<Expiration Date>>

This approval does not guarantee payment. There are many things that are considered before a payment can be made. One of these is to make sure the member was covered on the date the services took place. Another is to confirm that the services were covered by the member's contract that was in effect at that time.

If you have any questions about this approval, please call your Primary Care Provider (PCP) or call Customer Service at 1-877-297-3112, Monday - Friday, 8am to 5pm, Eastern. TTY/TDD users should call 1-877-247-6272.

Sincerely,

Health Services - Utilization Management
WellCare Health Plans, Inc.