



WellCare of North Carolina Provider Hardship Payment Request Form

Due to various situations that are beyond a provider’s control (such as claims payment issues, growth, etc.), a provider may need to request hardship funds to help maintain high-quality services to WellCare of North Carolina (WellCare) members.

Hardship Qualifications

Hardship payments are meant to be a short-term measure to address issues that are beyond a provider’s control and are used in circumstances that cannot be resolved through engagement with a provider to immediately address any claims adjudication issues.

For a provider to qualify for a hardship advancement the provider must meet the following criteria:

- Provider must demonstrate material need for hardship.
- Provider claims payment delays are not related to claims submission errors that are within their control.

If the above criteria are met and a hardship payment is needed, please complete the form below and on page 2, then email the completed form along with all pertinent documentation to NCProviderRelations@WellCare.com. A provider relations representative will contact you regarding next steps.

Request Date: _____

Provider

Information:

Name: _____
 Provider ID: _____
 NPI: _____
 TIN: _____
 Telephone: _____

Fax: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Contact Person: _____

(Cont'd)



Request Information:

Dollar amount requested: _____

Reason for Request:

Signature: _____ Date: _____