



TRICARE PATIENT REFERRAL/AUTHORIZATION FORM

Use this form for Medical/Surgical Requests Only

Sponsor SSN 123-54-6798 Sponsor Name John Smith
 Patient Name Mary Smith Patient SSN 123-45-6798
 Address 4444 Doghouse Ln. Date of Birth 09/02/47
 City Death Valley State CA Zip Code 88888
 Home Telephone (111) 555-2222 Patient's Relationship to Sponsor husband

Requesting Provider John Adams, MD, Internal Medicine Contact Name Nancy Chang
 TIN 101010101 NPI 1234567892 (NPI Optional)
 Address 222 Prairie Vale Dr.
 City Mohave State CA Zip Code 81818
 Telephone (111) 555-9898 Fax (999) 000-1111

ICD-9 789.0, 577.0, 787.3 Diagnosis Abdominal pain, pancreatitis & bloating
 Inpatient Outpatient Facility Home Office (Select One)
 Emergency Routine Urgent (Select One)

Servicing Provider/Specialty Jon Hangmail, MD, Gastroenterologist
 TIN 1111111111 NPI 1344739961 (NPI Optional)
 Address 1010101 E. Overpass
 City Desert Sunrise State CA Zip Code 88990
 Telephone (111) 555-5555 Fax (999) 010-0101

Facility Prickly Pear Memorial Hospital
 TIN 010101010 NPI 1457732150 (NPI Optional)
 Telephone (111) 555-0101 Fax (999) 000-0000

Requested Service Colonoscopy, colon cancer screen

CPT4/HCPCS Code(s) (List All. Include NDC codes for medication requests.) 453480-453492

Date of Service 09/05/06 Number of Visits 1

Attach clinical notes, appropriate lab results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, attach an itemized list of codes and costs.
Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Prime/Standard – Fax 866-269-5892
 TRICARE Prime Remote, TRICARE Reserve Select – Fax 866-312-5831
 Hospice, Transplant, and Cancer Clinical Trials – Fax 866-269-5758
 Continued Health Care Benefit Program (CHCBP) is administered by Humana – Call 800-444-5445
 TRICARE for Life is administered by WPS – Call 866-773-0404

Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations may be punishable by fines, imprisonment, or both.

TRICARE Patient Referral/Authorization Form Instructions

The form must be filled out completely for professional services. The following information is required on every request for service:

- Sponsor SSN – enter the sponsor's social security number
- Sponsor Name – enter the sponsor's name. The sponsor is the person that qualifies the patient for TRICARE benefits.
- Patient Name – enter the patient's name
- Patient SSN – enter patient's social security number
- Address - enter the patient's street address. This must be a physical address. Post Office boxes are not acceptable.
- Date of Birth – enter the patient's date of birth
- City, State, ZIP – enter the patient's city, state and ZIP code
- Home Telephone – enter the patient's home telephone number
- Patient's Relationship to Sponsor – example: self, spouse, child
- Requesting Provider – enter the provider who is submitting the care request for the patient and specialty
- Contact Name – enter the point of contact at the provider's office
- TIN – enter the requesting provider's tax identification number
- NPI – enter the requesting provider's National Provider Identification number (Optional)
- Address – enter the requesting provider's street address (Need the actual office address of requesting provider where beneficiary is seen, not the billing address)
- City, State, ZIP – enter the requesting provider's city, state and ZIP code
- Telephone – enter the telephone number of the requesting provider
- Fax – enter the fax number of the requesting provider at this location
- ICD-9 – enter the proper diagnosis code(s) (Enter all that apply)
- Diagnosis - enter the patient's diagnosis (Enter all that apply)
- Indicate the place of service – Inpatient, Outpatient Facility, Home, or Office (Select one)
- Indicate the urgency of care – Emergency, Routine or Urgent (Select one)
- Servicing Provider/Specialty – enter servicing provider's name and specialty
- TIN – enter servicing provider's tax identification number
- NPI – enter servicing provider's National Provider Identification number (Optional)
- Address – enter servicing provider's street address where beneficiary is to be seen
- City, State, ZIP – enter the servicing provider's city, state and ZIP code
- Telephone – enter servicing provider's office telephone number where beneficiary is to be seen
- Fax – enter servicing provider's fax number
- Facility – enter facility's name where medical care/service is to be rendered, if applicable
- TIN – enter facility's tax identification number
- NPI – enter facility's National Provider Identification number (Optional)
- Telephone – enter facility's office telephone number
- Fax – enter facility's fax number
- Requested Service – enter the service(s) that are being requested
- CPT4/HCPCS Code(s) (List All) – enter all appropriate codes for the requested service(s) (if an unlisted code is requested, please provide the specific service/DME requested and cost if known)
- Date of Service – enter the date of the planned service(s) requested
- Number of Visits – enter how many visits for the requested service(s)

Providers can register at www.triwest.com for online access to the status of patient referrals and authorization requests. Referring and servicing providers can check the status of both requested and approved referrals/authorizations. Providers can access the beneficiary's information, the date the request was received by TriWest, services requested, the status of requests and more.