



PATIENT REFERRAL AUTHORIZATION FORM

TRICARE referrals should be submitted through www.humana-military.com, select 'Online Provider Services'
If you do not have internet connection in your office - you may print, complete, then fax to: 1-877-548-1547.

Referral is based on medical necessity, subject to TRICARE eligibility, and is not a guarantee of payment.

Authorization Number: _____

SECTION I: PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ Phone: (home) _____
(work) _____
Sponsor's Name: _____ Sponsor's
SSN _____

SECTION II: OTHER HEALTH INSURANCE:

Motor Vehicle Accident: Yes No Work Related Case: Yes No
Other Health Insurance: Policy Holder _____
Employer _____
Carrier Name _____ Carrier Phone Number: _____
Effective Date: _____ Policy ID # _____
If Medicare: HIC Number _____ Part A Effective Date: _____ Part B Effective Date: _____

SECTION III: PCM INFORMATION

REFERRAL TO:

PCM Name: _____ Specialty: _____
Office Phone: _____ Provider Name: _____
Office Fax: _____ Address: _____
Contact Person: _____ Office Phone: _____
Office Fax: _____ Contact Person: _____ Fax: _____
PCM Signature _____ Date: _____

SECTION IV: REFERRAL INFORMATION:

Consult Only Appointment or Beginning Date: _____
 Consult and Treat No. Expected Visits: _____ Diagnosis: _____
Requested Time Frame: From _____ To _____ ICD 9 Diagnosis Code: _____
 Surgical Intervention CPT Code: _____
Requested Services: _____ Other: _____

Clinical Information/Physician Assessment: (include history, treatment plan, lab results, or medications to support medical necessity)

RELEASE OF MEDICAL RECORDS

"I authorize the release of medical information resulting from this referral and ancillary services to the providers shown on this form."

Beneficiary Signature _____ Date _____

The TRICARE Program is a nondiscriminatory program for TRICARE eligibles offered without regard to beneficiary age, race, religion, gender, rank, sponsor status, family size or personal income. TRICARE is the Military Health Plan administered in the South Region by Humana Military Healthcare Services.

PROPRIETARY TO HMHS, NOT TO BE DISCLOSED