



# TRICARE PATIENT REFERRAL/AUTHORIZATION FORM

Use this form for West Region Medical/Surgical Requests Only

**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.**

Sponsor SSN \_\_\_\_\_ Sponsor Name \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient SSN \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Patient's Relationship to Sponsor \_\_\_\_\_

**Requesting Provider** \_\_\_\_\_ Contact Name \_\_\_\_\_

TIN \_\_\_\_\_ NPI \_\_\_\_\_ (NPI Optional)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

ICD-9 \_\_\_\_\_ Diagnosis \_\_\_\_\_

(Select One) Inpatient \_\_\_ Outpatient Facility \_\_\_ Home \_\_\_ Office \_\_\_ Ambulatory Infusion Suite (AIS) \_\_\_

(Select One) Routine \_\_\_ Urgent \_\_\_ *Urgent is defined as medically necessary services required for illness or injury that would not result in further disability or death if not treated immediately, but require professional attention and have the potential to develop such a threat if treatment is delayed longer than 24 hours.*

## Servicing Provider AND Specialty

TIN \_\_\_\_\_ NPI \_\_\_\_\_ (NPI Optional)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**Facility** \_\_\_\_\_

TIN \_\_\_\_\_ NPI \_\_\_\_\_ (NPI Optional)

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**Requested Service** \_\_\_\_\_

CPT4/HCPCS Code(s) (list all and include NDC codes for medication requests). \_\_\_\_\_

Date of Service \_\_\_\_\_ Number of Visits \_\_\_\_\_

**For questions regarding these programs, call 1-888-TRIWEST (874-9378)** { Prime/Standard – Fax 866-269-5892  
TRICARE Prime Remote, TRICARE Reserve Select – Fax 866-312-5831,  
Transplant and Cancer Clinical Trials – Fax 866-269-5758

For questions regarding Continued Health Care Benefit Program (CHCBP), call Humana at 800-444-5445  
For questions regarding TRICARE For Life, call WPS at 866-773-0404

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