



PO BOX 42049  
PHOENIX AZ 85080-2049  
FORWARD SERVICE REQUESTED

*This is an example of TriWest's authorization and referral letter.*

August 26, 2008

A Beneficiary  
123 A Street  
Somewhere, AZ 00000

Sponsor SSN: XXX-XX-XXXX  
Beneficiary DOB: 01/01/1776

RE: TriWest Reference Number: 000011122  
MTF Tracking Number: 1234123400

Requesting Provider:  
Dr. Martin Feldman

Valid Dates: 08/25/2008 – 11/25/2008

*This is what was ordered.*  
↓

*Schedule your appointment during this timeframe.*  
↖

*This tells you if what was ordered was approved or denied.*  
↙

Beneficiary:

Healthcare Alliance has received a r

of the fo

Procedure	Code	QTY	TYPE	STATUS
Abdominal Wall Surgery	22999 – 22999	1	visit	Approved <sup>1</sup>
Abdominoplasty	15830 – 15830	1	visit	Denied <sup>2</sup>

*Note the numbers next to the status of each item and refer to corresponding explanations below.*  
↗

Servicing Provider: Dr. Edward Jones NPI: 0000000000 Specialty  
3229 E. Greenway Rd., Phoenix, AZ 85310 Ph

↑  
*This provider has been selected to provide your care.*

<sup>1</sup> To receive the s

Make an appoint

- Contact the provider to schedule an appointment within the valid date period shown above. If an appointment cannot be obtained during that period, call 1-866-TRIWEST (874-9378) for assistance.

OR

- If you wish to choose a different provider to perform the service(s), visit [www.triwest.com](http://www.triwest.com) and select from the list of network providers in your area. Then contact that provider to schedule an appointment within the valid date period shown above. If you choose a different provider, you do not need a new authorization. This authorization covers the service(s) listed above when performed by any provider.

If you choose a non-network provider, the Point of Service (POS) patient responsibility deductible and co-payment amounts listed in your benefits packet will apply to these services.

To ensure your healthcare records and test results are returned to your Primary Care Manager (PCM), report your appointment date and confirm the servicing provider:

- Call 1-866-876-2383 to access the TriWest Care Verification Menu
- You will be prompted to enter the following information:
  - Your sponsor's social security number

*Be sure to read the entire letter, front and back.*

- The 10-digit tracking number for this request: <<Reference Number>>
- Your appointment date.

To ensure the servicing provider has the information they need to treat you:

*Don't forget to read  
all the explanatory notes.*



Bring your medical records, a list of your current medications and any insurance (OHI) coverage you have with the servicing provider.

<sup>2</sup> After careful review of available records in your case, this request for service is not a TRICARE benefit.

*For quicker  
notification,  
register online.*



Register at [www.triwest.com](http://www.triwest.com) to track the status of your authorizations and referrals online.

If you have any questions about this letter, please call 1-888-TRIWEST (1-888-874-9378).

Sincerely,

TriWest Healthcare Alliance

Also Notified: Requesting Provider / Group

Dr. Martin Feldman – NPI: 9999999999  
Quality Physicians Group – NPI: 8888888888

Servicing Provider / Group  
Dr. Edward Jones – NPI: 0000000000  
Quality Physician Group – NPI: 1111111111

↑  
*Who TriWest  
sent copies of  
this letter to.*

*If there are changes,  
you will receive a  
new letter.*