

PO BOX 42049  
PHOENIX AZ 85080-2049  
FORWARD SERVICE REQUESTED

January 09, 2009

██████████ MD  
2316 W BETHANY HOME RD STE 109  
PHOENIX, AZ 85015

Sponsor SSN: XXX-XX-9034  
Beneficiary DOB: 11/10/1951

RE: TriWest Reference Number: 0002315987  
Valid Dates: 01/09/2009 - 04/09/2009

Requesting Provider:  
DR DISNEY  
NPI: (not provided)  
Phone: (919) 336-5588

Dear : MINNIE MOUSE

TriWest Healthcare Alliance has received a request for authorization of the following service(s).

PROCEDURE	CODE	QTY	TYPE	STATUS	INFO
Office consultation	99241-99245	1	Visit(s)	Approved	1,25,23
Office/outpatient visit,	99201-99215	3	Visit(s)	Approved	1,25,23
Incontinence garment anyt	A4520-A4520	1		Not Approved	3

Servicing Provider:

██████████ MD  
2316 W BETHANY HOME RD STE 109  
PHOENIX, AZ 85015

Specialty: Pediatrics  
NPI: (not provided)  
Phone: (602)242-7190

- 3 After careful review of available records in your case, this request for service is denied because it is not a TRICARE benefit.
- 1 To receive the service(s) listed as approved above:

Make an appointment with a servicing provider:

- Contact the servicing provider listed above to schedule an appointment within the valid date period shown above. If an appointment cannot be obtained during that period, call 1 -888-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 health care 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
  - The 10-digit tracking number for this request: 0002315987
  - Your appointment date.

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

- Take a copy of this authorization, your medical records, a list of your current medications and any related x-rays or test results with you to the appointment.
- Discuss any other health insurance (OHI) coverage you have with the servicing provider.

25 If services other than those approved on this authorization are provided without prior approval, you may be held financially responsible.

23 Final determination of payment will be made according to your TRICARE eligibility on the date of service and TRICARE claim adjudication policies

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 DISNEY

NPI: (not provided)

Servicing Provider / Group

██████████ MD

NPI: (not provided)

Sample

**\*\*\*\*\* Consult / Treatment Report Request \*\*\*\*\***

**Fax Cover Sheet to Referring Provider**

**Fax to:**

**TO:** DR DISNEY  
NPI: (not provided)  
123 DISNEYLAND WAY  
BUTTONWILLOW, CA 93206

**FROM:** [REDACTED]

**TriWest Reference Number:** 0002315987

**Re:** MINNIE MOUSE  
**Beneficiary DOB:** 11/10/1951

[REDACTED], your support is needed to ensure continuity of care for this patient.

Please use this page as a fax cover sheet when returning your consult, treatment or referral reports and other relevant clinical information regarding your care of this beneficiary to the referring provider.

Sample