



# TRICARE PATIENT REFERRAL/AUTHORIZATION FORM

Use this form for Medical/Surgical Requests Only

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 \_\_\_\_\_

Inpatient \_\_\_\_\_ Outpatient Facility \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ (Select One)

Emergency \_\_\_\_\_ Routine \_\_\_\_\_ Urgent \_\_\_\_\_ (Select One)

**Servicing Provider/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 \_\_\_\_\_

**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 of this may be punishable by fines, imprisonment, or both.