



October 1, 2016

Veteran Name
123 Made Up Street
City, State 00000

RE: VA Authorization Number: 12345-6
Valid Dates: Month date, year – Month date, year

Authorizing VAMC: Specific VAMC

Dear Veteran Name,

TriWest Healthcare Alliance has received a request from your **Department of Veterans Affairs (VA)** medical facility for authorization of the service(s) listed below. VA has also authorized TriWest to make the appointment(s) for this care.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTMENT INFO
Office Consultation		1	Visit	01/01/2016 1:30pm

Servicing Provider:
Dr. Network Provider
Street address
City, State, Zip

Specialty: Internal Medicine
Phone: (123) 456-7890
Fax: (123) 456-7890

Any routine lab testing, x-rays, cardiology testing, immunizations and specific preventive care services when medically necessary for the authorized care are included in this authorization, whether conducted in the provider’s office or by a third-party.

IMPORTANT INFORMATION

- Take this letter, a current list of medications, a photo ID and any documentation that may have been provided by VA to your appointment, or when obtaining any prescriptions.
- **Plan to arrive for your appointment at least 15 minutes before your appointment time.**
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.
- Any prescription written should have this authorization letter attached to facilitate filling of the prescription by the VA Medical Center.
- VA will provide all durable medical equipment (DME) not bundled under other health care services (e.g. hardware used in orthopedic surgery, prosthetic valves in cardiac surgery, etc.).
- **If you need to re-schedule or decline this appointment, please call 1-PCCCVET (1-855-722-2838).**