



Provider Fax Cover Sheet

To: TRICARE West Region

Fax: _____

From: _____

Fax: _____

Number of pages (including cover sheet): _____

Patient Name: _____

Date(s) of Service: _____

TRICARE Claim Number: _____

Tax Identification Number: _____

Reason for Correspondence

___ Corrected Claim- Corrections to be made: _____

___ Referral Information from PCM (Claims processing with Point of Service Option)

___ Duplicate Review – Supporting medical documentation for services denied as a Duplicate

___ Claim Check Review – Supporting medical documentation for services denied per Claim check

___ Other: _____

Please use the appropriate secure FAX number from the list below:

Routine Correspondence: 855-831-7048

Appeals: 877-584-6628

IEP/Physicians Orders: 855-831-7041

Medical Documentation: 855-831-7041

Priority Correspondence: 855-831-7045

Third Party Liability Forms: 855-831-7045

Authorizations/Referrals: 877-890-9309

Durable Medical Equipment: 855-831-7040

Other Health Insurance Updates: 855-708-4772

Authorization to Disclose Information: 855-831-7047

Save time as a registered member of www.myTRICARE.com to manage your TRICARE business online, anytime, day or night! You can view claim status, authorization/referral status, PCM name, Eligibility, cost-share, copay and deductible information, and update your other health insurance (OHI). You can send a confidential, secure inquiry about a specific claim through AskUs and receive a prompt response in your personal, secure myTRICARE mailbox.