# Provider Fax Cover Sheet

**To:** **TRICARE North 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

☐ ClaimCheck Review – Supporting medical documentation for services denied per ClaimCheck

☐ Other: _____

_____

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

Routine Correspondence: 888-432-7077

Appeals: 888-458-2554

IEP/Physicians Orders: 888-224-3232

Medical Documentation: 888-224-3232

Priority Legal Correspondence: 888-225-3545

Third Party Liability Forms: 888-228-2717

Authorizations/Referrals: 888-299-4181

Durable Medical Equipment: 888-377-4191

Other Health Insurance Updates: 888-237-6262

Authorization to Disclose Information: 888-225-3545

ABA/ECHO Correspondence: 888-268-9757

Provider Data Management: 888-250-4355

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.

Revised: 02/22/2016