UnitedHealthcare MILITARY & VETERANS

TRICARE Service Request/Notification

Service requests may be entered directly by registered providers at uhcmilitarywest.com

Fax referral to: UnitedHealthcare Military & Veterans at:

(Check one)
- ☐ **877-890-9309 Routine**
- ☐ **877-890-8203 Urgent *(Care needed within 72 hours)***
- ☐ **877-578-2738 Inpatient**

Anticipated Date of Service: __/__/____

Admission Type:
- ☐ ER
- ☐ Direct Admit
- ☐ Elective

Service Type: (Check one)
- ☐ Specialty Referral
- ☐ Outpatient (Medical/Surgical/Home Health)
- ☐ Inpatient (Acute, SNF, or Rehab)
- ☐ DME

Beneficiary Information (Completion of **ALL** fields is **REQUIRED**)

Last Name:	First Name:	M.I.:	Gender:	DOB: (mm/dd/yyyy)

Address: Street	Apt. No.:	City:	State:	ZIP Code:

Contact Phone #:

- ☐ Sponsor SSN
- ☐ Benefits Number (found on *back* of ID card):

Diagnostic Information (REQUIRED FOR ALL REQUESTS: Diagnosis codes and Episode of Care Name and/or CPT Codes)

Diagnoses (ICD Code(s)):	Diagnosis Description:

Episode of Care:

(ATTN: Use exact name from EOC Reference Table available at www.uhcmilitarywest.com)

Clinical Information/Description of Requested Service (Include attachments as needed)**:**

CPT 4 Code(s) / HCPCS Code(s):	# of Units:	CPT 4 Code(s) / HCPCS Code(s):	# of Units:

Requesting Provider Information (Do not use group name) (Completion of **ALL** fields is **REQUIRED**)

Last Name:	First Name:	NPI #:

Address: Street	Suite:	City:	State:	ZIP Code:

Office Phone #:	Office Fax #:

Contact Name:	Contact Department:

Servicing Provider (Check One) ☐ Physician ☐ Facility ☐ Agency ☐ Vendor

Last Name or Entity Name **(Required)**:	First Name **(Required for Physician):**	☐ NPI ☐ TIN

Address **(Required)**: Street	Suite:	City:	State:	ZIP Code:

Specialty (**Required)**:	Office Phone #:	Office Fax #:

Servicing Facility (Required if applicable)

(Check One) ☐ Acute Inpatient ☐ Outpatient ☐ Skilled Nursing ☐ Observation ☐ Rehabilitation

Facility Name:	☐ NPI ☐ TIN

Address: Street	Suite:	City:	State:	ZIP Code:

Office Phone:	Office Fax: