

Patient Referral Authorization Form

TRICARE referrals should be submitted through www.humanamilitary.com (log on to Self-Service for Providers). If you do not have internet connection in your office, you may complete and submit this form by fax to 1-877-548-1547.

Humana Government Business



The Military Treatment Facility (MTF) in your area may have Right of First Refusal for this service.

TRICARE ID 9-11 Digits

Patient Name

Patient DOB MM-DD-YYYY

Patient Zip Code

Address

City

State

Other Health Insurance? Yes No

Carrier

Phone

Policy#

Provider or Setting

Physician's Office

Allied Health Professional's Office

Outpatient Facility

Inpatient Facility

Date of Service

(If known) MM-DD-YYYY

Point of Contact

Evaluate Only

Evaluate and Treat

Ordering Provider

Phone

Type of Service

Office Visit

List Specialty

Specialist Tax ID or NPI

Surgical/Diagnostic Procedure

Speech Therapy

Hospice

DME

Other

Observation

Home Health

PT/OT

OP Behavioral Health

Inpatient Admission:

Acute Care

Rehab

SNF

If inpatient, please provide a diagnosis code:

Procedure or HCPC Code

Facility

Tax ID or NPI

Address

City

State

Zip Code

Rendering Provider

Tax ID or NPI

Address

City

State

Zip Code

Presenting symptoms or reason for referral.

Pertinent history, findings and specials situations include known discharge needs if inpatient admission.