Humana. Military

PGBA
A CELERIAN GROUP COMPANY

Provider Correspondence Fax Cover Sheet

To: TRICARE South Region Claims **Fax: _____**

From: _____ **Fax: _____**

Number of pages (including cover sheet): _____

Patient Name: _____

Date(s) of Service: _____

TRICARE Claim Number: _____

Tax Identification Number: _____
(on claim)

Reason for Correspondence

__ - Corrected Claim: Corrections to be made: _____

_____

__ - Referral Information from PCM (claims processed 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

__ - Claim Appeal Request

__ - Other: _____

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

Routine Correspondence: 803-462-3993

Third Party Liability Forms: 803-462-3987

Other Health Insurance Updates: 803-462-3981

Durable Medical Equipment: 803-462-3982

Authorizations/Referrals: 877-548-1547

Authorization to Disclose Information: 803-462-3984

08/14

Save time as a registered member of 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. You can send a confidential, secure inquiry about a specific claim through AskUs and receive a prompt response in your personal, secure myTRICARE mailbox.