



TRICARE Clinical Care Support Program Referral Form

TriWest offers Clinical Care Support Programs that are specifically designed for those individuals who would benefit from additional medical management assistance. Our programs provide support and education to improve beneficiary health outcomes. These programs include: Care Coordination, Case Management (complex, transplant, ECHO, and Autism), Condition (Disease) Management, and Tobacco and Vaping Cessation Support.

To refer a beneficiary for one of our programs, complete this form and fax to 866-670-3689. Once submitted, our clinical staff will review your request, determine eligibility and begin appropriate program outreach through the identified contact information provided. We look forward to being part of the beneficiary’s health journey.

Beneficiary Information

Last Name:

First Name:

Date of Birth (MM/DD/YYYY):

DoD Benefits Number (DBN)(XXXXXXXXXX-XX):

Email Address:

Phone (XXX-XXX-XXX):

Select Program:

Care Coordination

Case Management

Condition/Disease Management

Select Sub-program:

Select Sub-program:

Complex Care

Adult Diabetes

Transplant

Anxiety

ECHO

Asthma

Autism Care Demonstration

Coronary Artery Disease (CAD)

Clinical Cancer Trials

Congestive Heart Failure (CHF)

Chronic Obstructive Pulmonary Disease (COPD)

COVID Long Haulers

Depression

Pediatrics Asthma (17 Years and Younger)

Pediatric Diabetes (17 Years and Younger)

Post-Traumatic Stress Disorder (PTSD)

Tobacco/Vaping Quit Line

Describe the Reason for Referral:

The information collected with this form is subject to the Privacy Act of 1974 (5 U.S.C. 552A, as amended) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information shall be considered for official use only and protected accordingly. Any individual responsible for unauthorized disclosure or misuse of this information may be subject to a fine of up to \$50,000 and/or other sanctions as appropriate.