



# Patient Request For Non-Covered Services

Use this form to request services that are not covered by TRICARE.

I am hereby requesting that the following services be provided to me by: \_\_\_\_\_

Service(s) (List All)	Number of Visits Needed	Proposed Date(s) of Service	(Provider Name) Estimated Cost of Services

## Acknowledgement and Authorization

In making this request, I acknowledge that these services are not a benefit of my health coverage under TRICARE. I will not receive the benefit of the TRICARE Hold Harmless Policy (defined below). If I obtain services more frequently than authorized by TRICARE policy, I may be responsible for those services.

I may appeal the written notification of the denial issued by TriWest Healthcare Alliance if:

- TRICARE denies authorization for this care
- Reimbursement is denied.

I agree to pay IN FULL for the billed charges for these services. The only exception is if the denial is overturned by appeal or dispute.

## Sponsor Acknowledgement and Authorization

Sponsor Name (Print): \_\_\_\_\_

Sponsor SSN (XXX-XX-XXXX): \_\_\_\_\_ or DoD Benefits Number (DBN) (XXXXXXXXXX - XX): \_\_\_\_\_

Sponsor Address: \_\_\_\_\_



# Patient Request For Non-Covered Services

## Patient Acknowledgement and Authorization

Patient Name (Print): \_\_\_\_\_

Patient SSN (XXX-XX-XXXX): \_\_\_\_\_ or DoD Benefits Number (DBN) (XXXXXXXXXX - XX): \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

### TRICARE Hold Harmless Policy

A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e., the beneficiary will be held harmless) unless the beneficiary has been properly informed that the services are excluded or excludable and has agreed in advance in writing to pay for the services.

### Privacy Act Statement

In view of the fact that personal information is being requested from you, notice is hereby given as required by the Privacy Act of 1974. The information is requested and maintained under the authority of Chapter 55, Title 10, United States Code, Section 3101, Title 44, United States Code, and 41 Code of Federal Regulations 101-1100 et seq. The information is requested to establish or update information to control or process claims for payment. Routinely, the information will be used to determine eligibility for TRICARE benefits, review and approve medical care as TRICARE benefits, and to determine reasonable charges/costs of care to be cost-shared under TRICARE. Disclosure of the information is voluntary; however, failure to provide the information may result in denial of benefits.