



Ready Reliable Care at Fairchild AFB

Referral Management FAQs



How do I get a specialty care referral?

Referrals are placed by your Primary Care Manager.

What if I received a referral from a specialty clinic in the medical group, such as Mental Health?

The information in this FAQ may not apply to you. Please call the Appointment Line at 509-247-2361 or the clinic that wrote your referral if you have any questions.

Do I need a referral for an Urgent Care Visit?

All Non-Active Duty beneficiaries may go to urgent care without a referral. However, all Active Duty members still need a referral from their PCM or the MHS Nurse Advice Line at 800-TRICARE (874-2273).

Do I need a referral for an Emergency Department Visit?

No, a referral is not required for the ER. Contact the Appointment Line within 24 hours of your visit to notify your PCM or to schedule any follow up appointments by calling 509-247-2361.

What if I see a specialist without a referral?

If you do not have a referral to see a provider, you are choosing the Point of Service option, in which you may be liable for a portion of the bill.

Hours of Operation

Monday-Friday

7:30 a.m. to 4:30 p.m.

TriWest

<https://tricare-bene.triwest.com>

1-888-874-9378

Referral Management Center (RMC)

509-247-9487

Appointment Line

509-247-2361

Patient Travel

509-247-5574

What should I do if I receive a bill for care that has been authorized?

If you receive a bill for authorized care, please call TriWest at 888-874-9378 to find out why your claim was denied.

If you disagree with a claim denial, you may file a formal appeal in writing within 90 days. You should include any information or documents that you believe would help support your case. All requests for appeal should be sent by fax to 877-989-0070. If you need assistance, please call the Health Benefits Advisor at 509-247-4108.

What should I do if I want to see a different provider?

1. Log into Go to <https://tricare-bene.triwest.com/signin>, select "Find a Provider" under My Dashboard. Follow prompts, search by specialty.
2. Call TriWest with the new provider information to ensure payment.
3. Contact Release of Information at 509-247-2405/9372 if you need records sent prior to your appointment.
4. Make an appointment using your valid authorization number.

Who should make my Specialty Care Appointment?

Stat Appointments are scheduled by your PCM. You must confirm your authorization by your second visit.

Routine Appointments are scheduled by the patient for the provider specified on the authorization.

Does having Other Health Insurance or Medicare change the referral process?

Yes, all other insurances are primary and you will not receive an authorization for care. Please follow the rules of your Primary Insurance carrier.

When will I receive my authorization and how do I check its status?

Authorizations are available online within 3-5 business days and can be checked at <https://tricare-bene.triwest.com/signin> or by calling 888-874-9378. It's the patient's responsibility to ensure that a referral is approved and to verify the number of visits and end date.

1. Go to website above and sign in. First time, create an account and follow prompts.
2. Go to My Dashboard.
3. Under the Referrals/Authorizations section, click 'View All Referrals'.
4. Click on the referral authorization number to view the specific authorization and all relevant information.
5. It is recommended you print a copy to bring to your appointment.

If you have opted out of receiving online authorizations, it may take up to two weeks to receive your Authorization Letter in the mail.



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The Referral Management Process

