



# Standard Appeal Form

***The preferred method of submission is to submit all appeals through the CareSource Military & Veterans™ Provider Portal; however, if you are unable to do so, please complete the following form and submit to the mailing address below.***

## PATIENT INFORMATION

DATE OF SERVICE: \_\_\_\_\_ AUTHORIZATION NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

TRICARE PRIME® DEMO ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

## PROVIDER INFORMATION

PROVIDER NPI: \_\_\_\_\_ PROVIDER TAX ID NUMBER: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ REQUESTOR NAME: \_\_\_\_\_

REQUESTOR PHONE: \_\_\_\_\_ REQUESTOR FAX: \_\_\_\_\_

REQUESTOR EMAIL: \_\_\_\_\_

REQUESTOR ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION:  EMAIL  PHONE  POSTAL MAIL

## SERVICE INFORMATION

What service denial is being appealed: \_\_\_\_\_

\_\_\_\_\_

Explain why this service is needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For any questions, please call 1-833-230-2170. We are open from Monday to Friday from 8 a.m. to 6 p.m., Eastern Time (ET).**

**Mail – CareSource Military & Veterans™, Attn: Provider Appeals Department, P.O. Box 2008, Dayton, OH 45401**

- *When submitting the form, include documentation which supports the appeal, including but not limited to, all medical records that will need to be reviewed.*
- *If an incomplete appeal is submitted, the provider will receive a notification indicating the request is incomplete.*
- *If appealing on behalf of beneficiary, a standard appeal must be submitted within 90 days of receipt by the beneficiary. An expedited appeal must be submitted within 3 days of receipt by the beneficiary.*

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