

Perspective Counseling & Consulting, PLLC  
18789 N Reems Road Suite 260  
Surprise AZ 85374

## TRICARE Insurance Information Form

Referrals and Prior Authorization for Specialty Care are required at initial session

- Copayment is due at the time of the session and maybe determined by EOB and billed at a later date.
- Refer to Financial Agreement for No Show/Late Cancellation payment fee of the provider.
- TRICARE Prime, TRICARE Prime Remote and TRICARE Young Adult Prime\* beneficiaries must have a referral from their PCM before seeking most specialty care from other professional or individual paramedical providers.
- In general, TRICARE Select, TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult Select beneficiaries do not require a referral for specialty care. The exception being applied behavior analysis services require a referral. TRICARE dual-eligible beneficiaries do not require a referral for specialty care. Beneficiaries with other health insurance (OHI) only require authorization for applied behavior analysis services. (Active duty service members cannot use OHI.)
- The Point of Service (POS) option allows most TRICARE Prime beneficiaries to self-refer to any TRICARE network or non-network provider for medical/surgical or mental health services without referrals from their PCMs or HNFS. Beneficiaries who use the POS option will pay a deductible and have higher cost-shares for services. The POS option does not apply to active duty service members, so they may be responsible for the entire cost of self-referred care The POS option does not apply for services that do not require a referral.
- Active duty service members require a referral for all care\* , except: emergency inpatient admissions ,chemical dependency detoxification Note: Active duty service members enrolled in TRICARE Prime Remote do not require a referral for urgent care due to their remote location.
- Non-active duty TRICARE Prime/TRICARE Prime Remote beneficiaries require a referral for most, but not all, specialty care.\* The exceptions include: urgent care , ancillary services (such as laboratory, radiology and pulmonary function tests); Based upon location outpatient behavioral health services (some services require authorization) ,preventive care services from network providers ,emergency services

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**TRICARE Insurance Form**

Clients Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Sponsor Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Place check by your plan**

Active Duty TriCare Prime Group A & B \_\_\_\_\_

Active Duty TriCare Prime Remote Group A & B \_\_\_\_\_

TriCare Prime Group A & B Retirees and Family Members \_\_\_\_\_

TriCare Prime Remote Group A & B Retirees and Family Members \_\_\_\_\_

Active Duty TriCare Select Group A: \_\_\_\_\_ Group B: \_\_\_\_\_

TriCare Select Retirees and Family Members Group A: \_\_\_\_\_ Group B: \_\_\_\_\_

TriCare Reserve Select (TRS) \_\_\_\_\_

TriCare Retired Reserve (TRR) \_\_\_\_\_

TriCare Young Adult (TYA) \_\_\_\_\_

Referral Letter Included/Attached: \_\_\_\_\_