

Sample Letter to Civilian Providers When Initially Requesting Medical Care
* Change information in **bold underlined text** with specific information as indicated or as applicable.

LETTERHEAD

Date

Civilian Clinic Address

RE: **Service name and SSN**

This letter authorizes an **initial evaluation and X-ray**. The appointment is scheduled for **Day, Date, Time**. Requests for follow-up care beyond this appointment must be submitted to this office and pre-approved prior to scheduling.

Please notify this office if **Service Member's Name** does not make this appointment as scheduled. Please fax the initial evaluation results and any required follow-up treatment to this office.

This office is the certifying official for services rendered. TRICARE is the actual bill payer. Please do not bill TRICARE directly, or payment of the claim(s) will be delayed. Once our office receives the bill, it will be certified by the undersigned, who will forward it to TRICARE for payment.

Point of contact for additional information regarding billing is the undersigned at **Phone Number, Mailing Address** or by FAX at **Fax Number**. **An alternate POC is.**

Sincerely,

Name
Rank, Corps
Position

Enclosure
i.e. Military or Civilian Physician Consult

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