

## Instructions for Patients Receiving Bills from Network Providers for Covered Benefits

First, check the TriWest Beneficiary portal (<https://tricare.triwest.com/en/beneficiary/>) to search for claims from the billing facility with matching charges and date(s) of service on the bill.

If a matching claim exists, seek assistance at the MTF from the Benefits Counseling Assistance Coordinator, Mrs. Shanna Austin, on the second floor of Bldg 570.

Phone Number: (801) 777-6670

Assistance Hours: M: 0730-1630

T: 1230-1630

W: 0930-1630

Th: 1230-1630

F: 0730-1630

If no matching claim exists or the bill states the patient is not insured, then the provider's office likely did not bill TRICARE or put incorrect patient info on their claim to TRICARE, please call the doctor's office or facility and ask them to bill TRICARE.

### **Verify they have the correct information**

- Patients name including spelling
- Patients date of birth
- The correct patients Benefits Number (not the DoD ID)
- The correct policy holder
- The correct claims address

All persons in DEERS that are eligible for a DoD benefits will have a DBN. On the Department of Defense issued military ID this is the 11-digit number with the first nine digits being common to a sponsor, and the last two digits identifying a specific person within the sponsor's family.

It can verify the patients TRICARE eligibility and helps the doctor's office or facility when they file claims.

Your ID card also includes a DoD ID number, a 10-digit number. You shouldn't use the DoD ID number. Using the DoD ID number could result in a denial of your claim.

**Below is the claims address for the West Region TRICARE contractor. Please provide this information to the provider's office or the facility.**

TRICARE West Claims

PO Box 202160

Florence, SC 29502-2160

Phone Number: 1-888-874-9378

Fax Number: 1-877-989-0070

**PLEASE NOTE: TriWest Healthcare Alliance (TriWest) holds the contract for TRICARE and the Veterans Affairs Community Care Network (VA CCN). Please make sure they are sending the claims to the correct claims address. If they are sending the claims with the wrong patient information including the wrong ID number or to the wrong claims address your claims will deny.**