***THIS PATIENT BELONGS TO:***
**Tricare/Sierra Military Health Services**
***Tricare Prime (HMO), Extra, Standard***
**Contact: Dave Spencer, (315) 337-4627**

Patient Name: _____ # Visit_____ out of _____
Effective Date of Referral: _____ Expiration Date:_____ Auth #_____
Referral Approved For: _____

**Referrals:**
**PCM to Specialist:** referral required for all specialist/ OP services at OP center/ Inpatient services* except emergencies **Fax to: (315) 337-4627 (fax form on back)**
**Specialist for diagnostic testing/treatment:** Can fax to: **(315) 337-4627**
**Specialist to Specialist:** Must go back through PCM
**Self Referrals:** Well care procedures for preventative screenings
**Emergency Services:** patient should contact PCM

**LABS: University Hospital, UPL**, LabCorp

**RADIOLOGY: University Hospital**

**PHARMACY:** Any Medicaid participating pharmacy

**HOME CARE/HOSPICE:** PCM must arrange

**MENTAL HEALTH:** Value Options: Prime beneficiary may self refer for 8 visits, should contact Options before 8th visit.** Active duty must go through their Military Unit

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**PRIOR APPROVALS:** PCM or Specialist must fax to **(315) 337-4627**

- **All MRI/CT scan spine only**
- **Dx procedures (excluding routine X-Ray, Lab)**
- **Radiation Therapy**
- **Pain Management**
- **Surgical Procedures**
- **Dialysis**
- **Rehab Services**
- **Mental Health**
- **Home Health**
- **Home IV Therapy**
- **O/P PT or Speech**
- **Audiology testing incl. Hearing Aids**
- **Podiatry**
- **DME**
- **Diabetic Education (not supplies)**

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