

# TRICARE West Region Change Servicing Provider Quick Reference Guide

#### **Key Points**

• Use this Quick Reference Guide (QRG) to change a servicing provider within the secure, self-service West Region beneficiary portal

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#### Introduction

This QRG details how to change your provider within the secure, self-service West Region beneficiary portal.

After locating a Referral Number on the Referrals/Authorizations page, the Find a Different Provider button is below the Suggested Servicing Providers section.

## **Change Servicing Provider**

1. To choose a different provider, select the **Find a Different Provider** button. **Note:** It's important to inform TriWest of your selected servicing provider so the servicing provider can obtain your clinical information available with your request.

Suggested Servicing Provide	rs
Please select a Servicing Provider. If you prefer a d	octor not listed click the "Select a Different Provider" button.
	SPECIALTY Hospitalist Physician
1 Find a Different Provider	
Next	Decline care

A. If the **Find a Different Provider** button is not available, a message will display. Select the **Change Servicing Provider Information** hyperlink to get more information.





2. After selecting Find a Different Provider, the Provider Search window displays, where you can search by **Provider** or **Facility.** 

Pr	ovider Search	
S	earch by	2
	select	~
	select	
	Provider	
	Facility	
	- E.,	

- 3. Search by either Provider or Facility.
  - A. To search by provider, select **Provider** from the "Search by" dropdown menu and complete all fields.

Search by Provider	Α
Provider First Name	Provider Last Name
Provider Zip Code	
Search	

B. To search by facility, select **Facility** from the "Search by" dropdown menu and complete all fields.

Search by Facility	В
Facility Name	Facility Zip Code

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- 4. After completing the required fields, select Search.
- 5. Results will display. Select your desired provider. **Note:** If no results display, you will be directed to the West Region provider directory.
- 6. Select the **Select** button.

	Search					
	PROVIDER ID	PROVIDER/FACILITY NAME	ADDRESS	CITY	STATE	ZIP
۲	M-00546871		1101 B Gale Wilson Blvd Ste 100	Fairfield	CA	94533
0	M-00546871		1101 B Gale Wilson Blvd Ste 100	Fairfield	CA	94533
0	M-00551682		1200 B Gale Wilson Blvd	Fairfield	CA	94533
0	M-00551682		1200 B Gale Wilson Blvd	Fairfield	CA	94533
0	M-00533500		1860 PENNSYLVANIA AVE STE 310	FAIRFIELD	CA	94533
0	M-00533500		1860 PENNSYLVANIA AVE STE 310	FAIRFIELD	CA	94533
0	M-00678450		1860 Pennsylvania Ave Ste 200	Fairfield	са	94533
					6 se	elect Close

7. After the dialog box to select the provider closes, select the **Next** button.

Service				
BEGIN DATE 12/27/2024	END DATE 6/25/2025		STATUS Approved w/Mods	DATE RECEIVED
CPT/HCPCS 99242: off/op consitj new/est sf 20 99202: office o/p new sf 15 min 99211: off/op est may x req phy/qhp	CPT/HCPCS 99245 offlop consilij newlest hi 55 99205 offloe o/p new hi 60 min 99215 offloe o/p est hi 40 min		QTY 1 1 5	TYPE CPT CPT CPT
SERVICING PROVIDER	SPECIALTY	SUB-SPECIALTY	ADDRESS	PHONE
Marsha Alger	Family Medicine Physician		2405 Research Pkwy Colorado Springs, CO -1044	(719) 574-9191
View Request Letter	View Medicatik 7 Next	Find a Differ	ent Provider Decline care	

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8. After selecting Next, a window pops up asking for an **Appointment Date** and **Appointment Time**. If you already have an appointment scheduled, enter its information here, then select **Submit**. Otherwise, select **Skip**.

**Note:** If you select an appointment time here, this appointment selection will display in your online referral letter as well.

	<b>99205</b> : office o/p new hi 60 m	nin 1	
	Servicing Provider		
٧id	SERVICING PROVIDER SPECIALITY	SUB-SPECIALITY ADDRESS	PHONE
of th			
	Enter Scheduled Appointment Ti	ime	0
	If you have an appointment scheduled, please enter the	date and time below. If you do not have an appointment sci	heduled, you may skip this step.
	Appointment Date	Appointment Time	
	mm/dd/2025	□ -:	0
		Subn	nit Skip Close

9. Notifications will display. One says "Thank you for your submission. Your letter will be ready to view soon." If you entered an appointment time, a "Your appointment was scheduled" notification will display.

C Thank you for your submission. Your letter will be rear	ty to view soon.	4		
Your appointment is scheduled for 03/30/2025 at 1:30	РМ			
EFERENCE # 100023457	REQUEST TYPE Eval & Treat Reformal GENERIC	PRIORITY Routine	DATE RECEIVED 3/14/2025	
EQUESTING PROVIDER	MTFUIN	DIAGNOSIS		
IEASON FOR REFERRAL				
Service				
IEGIN DATE 114/2025	END DATE 9/10/2025	STATUS Approved w/Mod	6	DATE RECEIVED 3/14/2025
PT/HCPCS	CPT/HCPCS 99205 office on new bil60 min	QTY		TYPE
99211: off/op est may x reg phy/ghp	99215: office o/p est hi 40 min	5		CPT

10. Now that you have chosen a provider, contact the provider's office to schedule an appointment.