

SUPPORTING DOCUMENTATION – MEDICAL RECORDS

Please use this form to submit medical documentation to support a claim denial where medical records are requested.

Note: This form should not be used to submit a corrected claim and documentation, a reconsideration, or formal appeal.

Claim Information

Please provide the information below to help locate your claim:

Provider's Taxpayer Identification Number (TIN):

Provider's National Provider Identifier (NPI):

Sponsor (SSN) (XXX-XX-XXXX):

or DoD Benefits Number (DBN) (XXXXXXXXXX-XX):

Claim Number:

Submit Form and Documentation

Please only submit this form and your supporting documentation. Any other attachments such as claim images, EOBs, or letters will delay reviewing and processing.

Mail or fax this completed form along with your Medical Records to:

PGBA: TRICARE Medical Records
P.O. Box 202165
Florence, SC 29502

Fax: 877-989-0047 (PGBA)

Note: Please use a separate cover sheet for each claim and its supporting documentation. If submitting by fax, please send one request at a time as multiple submissions in the same fax will delay handling and review.