



Supporting Documentation – Medical Records for a TPL Denial

TRICARE West Region

Please use this form, after receiving a TPL denial, to submit medical documentation that shows services provided were not related to third party liability (TPL).

TPL denials occur if the beneficiary does not complete the TPL form upon request. Providers may be still be eligible for claim payment if their medical documentation substantiates that services provided were not related to TPL.

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 West-TPL
PO Box 202170
Florence, SC 29502

Fax: 877-989-0262 (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.