



# Submit a Claim Reconsideration Request

## Quick Reference Guide

### For TRICARE West Region Providers

#### Key Points

- Identify the types of services eligible to file a claim reconsideration.
- Locate the provider reconsideration form on Availity.



## Introduction

Providers can submit a claim reconsideration request when they need to dispute the outcome of a processed claim.

Providers should use a claim reconsideration request when they feel the claim was billed accurately and the claim doesn't meet the qualifications for a formal appeal. Appealable claims and corrected claims should not be submitted via this form.

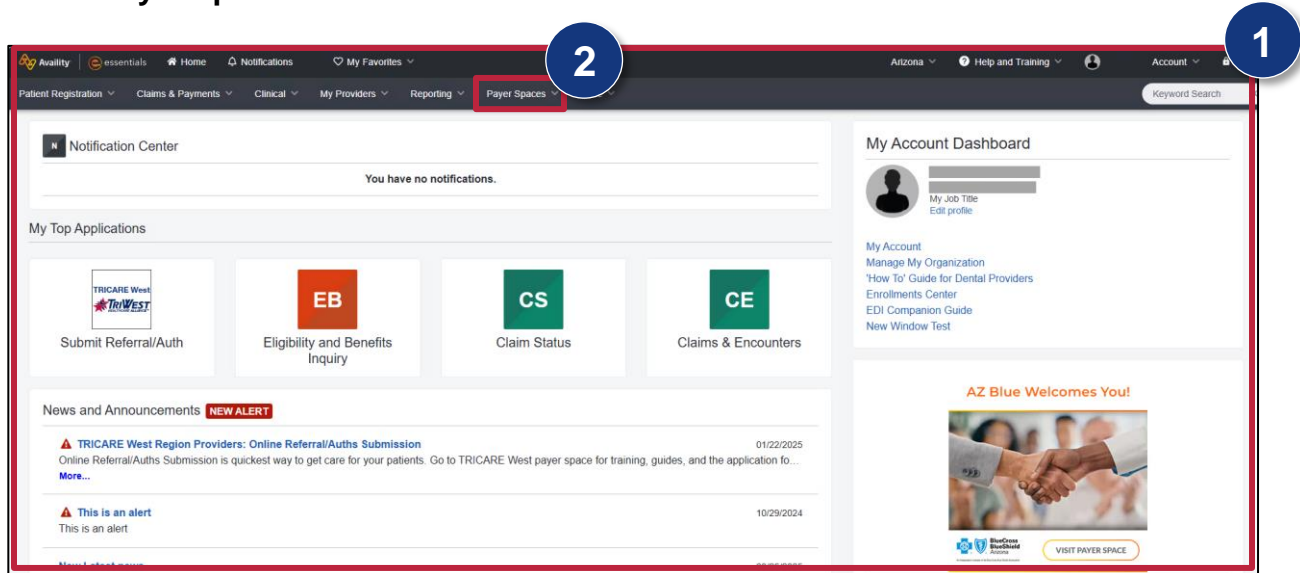
Claim reconsideration requests should be submitted within 90 days of the date on the provider's remittance advice.

Providers can access the Claims Reconsideration Form on [TriWest's TRICARE website for providers](#) or on [Availity](#), our provider portal. Print and mail the form, along with all supporting documents, to the TriWest P.O. Box for Claim Reconsiderations:

TRICARE West Provider Claims Correspondence  
P.O. Box 2748  
Virginia Beach, VA 23450  
Fax Number: (866) 852-1969

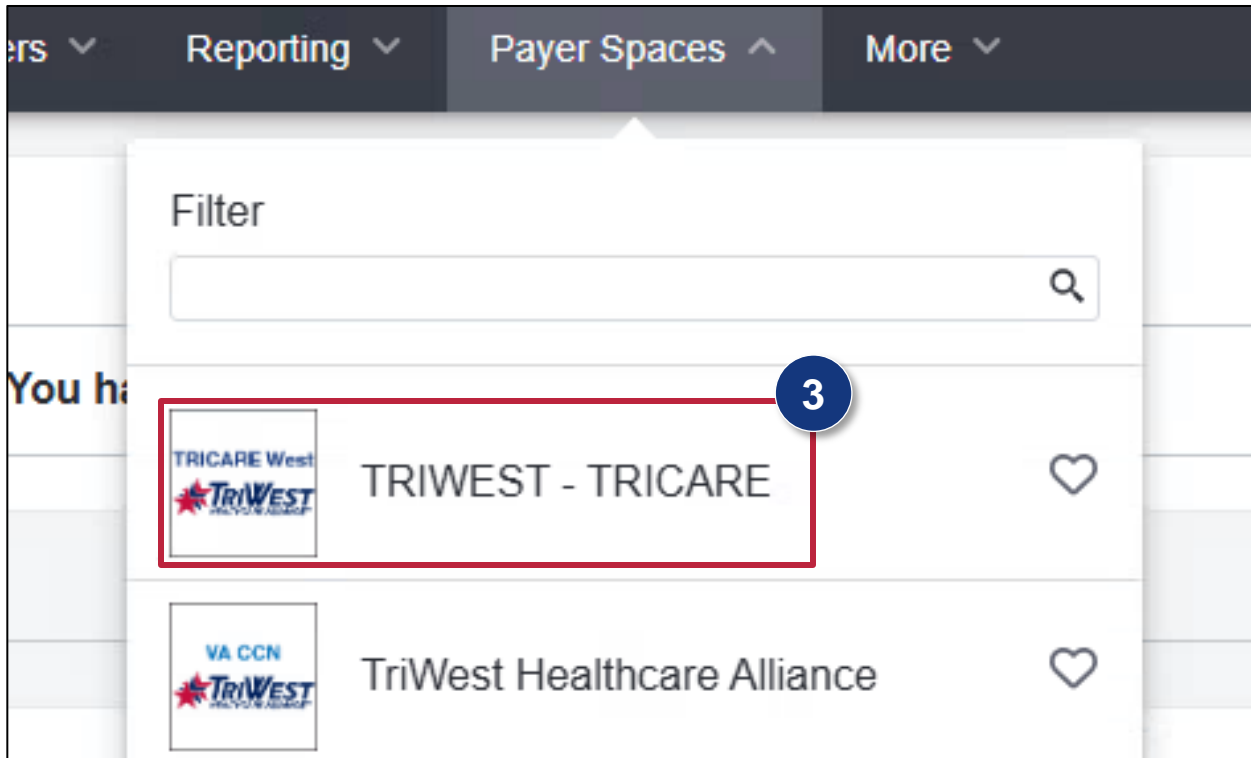
## Locating the Provider Reconsideration Form on Availity

1. Navigate to [Availity](#) and log in with your user ID and password.
2. Select **Payer Spaces** from the ribbon.

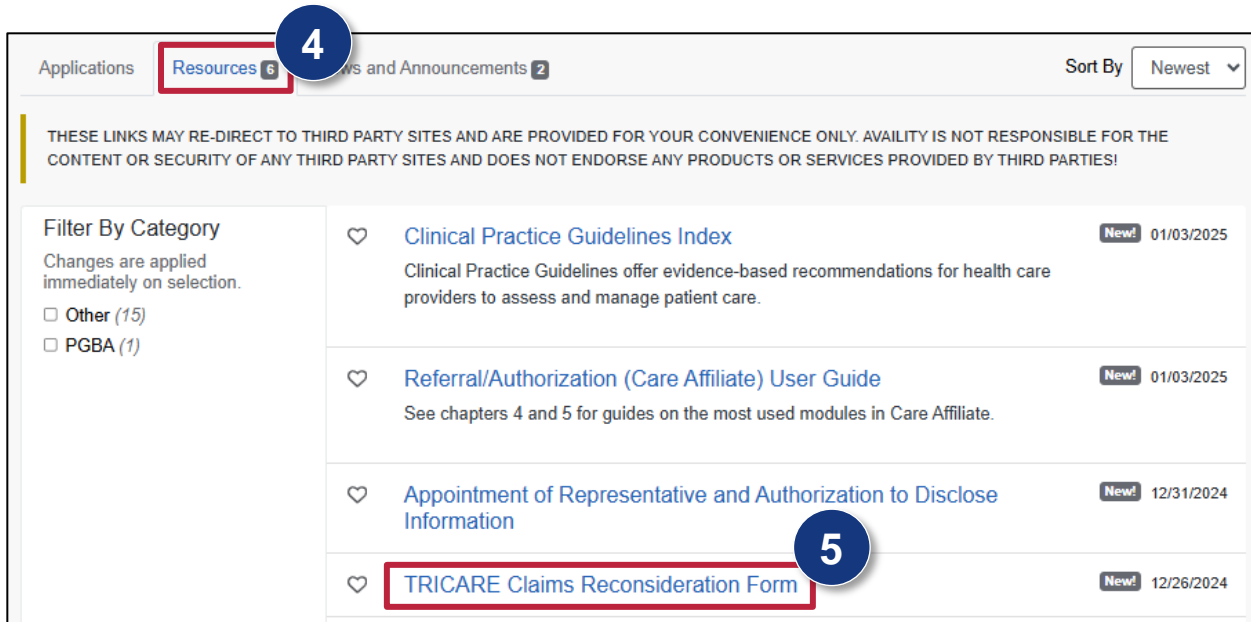




3. Select the **TRIWEST - TRICARE Payer Space**.



4. Select the **Resources** tab.
5. Select **TRICARE Claims Reconsideration Form**.



6. Fill out the Provider Reconsideration Form, then print it and mail it to the address on page one.