

Additional Information:

How do I make changes to an authorization?

- First visit <https://tricare.triwest.com> to see a comprehensive list of network providers for that specialty.
- Some provider changes can be made using our Check Authorization and Referral Status tool. Use the tool to check your authorization/referral status and make provider changes.
- You can also contact TriWest at (888) 874-9378 to inform them of your new provider selection and to have the provider change updated.
- Referral requests entered to a specific provider by your PCM require a new referral if that provider is not available.
- You can only request a change in specialist provider if the referral has not been used to see the specialist already.

How do I obtain additional care from my specialist?

- Specialist must request additional office visits, procedures, tests, or injections from TriWest via Availity.
- If the Specialist feels you need to be seen by a different specialist, you must contact your PCM at DGMC to request a referral to the new specialist.
- If you require ongoing care from your specialist and your referral dates have expired, you must reengage with your PCM at 60 MDG for a new referral.

What is TriWest?

- TriWest is the Managed Care Support Contractor for TRICARE health benefits. TriWest processes and authorizes (or denies) all referrals for care outside of the 60 Medical Group (DGMC). TriWest is the approving authority for all surgeries, procedures, and tests requested by network providers on your behalf in the TRICARE West Region.

Phone Numbers and Websites:

DGMC Central Appointment Line

707-423-3000 (Opt 1)

Nurse Advice Line

1-800-874-2273

TriWest

<https://tricare.triwest.com>

1-888-874-9378

DGMC Medical Records

Release of Information (ROI)

707-423-5359 /FAX 707-423-5055

Or email your request to:

usaf.travis.60-mdg.mbx.60-mdss-roi@health.mil

Beneficiary Counseling Assistant Coordinator (BCAC) & Debt Collection Officer (DCAO)

DGMC: 707-423-7154 / 707-423-3472

McClellan: 916-561-7796

DEERS Updates:

<https://www.tricare.mil/DEERS>

<https://milconnect.dmdc.osd.mil/milconnect>

or call 1-800-538-9552

MHSG Patient Portal:

<https://my.mhsgenesis.health.mil>

or call 707-423-7923

Other helpful websites:

www.travis.tricare.mil

www.facebook.com/dgmcofficial

www.facebook.com/60MDGCC



DAVID GRANT MEDICAL CENTER



REFERRAL MANAGEMENT



HEALTH NET
FEDERAL SERVICES



Current as of APR 2026

Common Referral Questions

1. Do I need a referral for an Emergency Department (ED) or Urgent Care (UC) Visit?

ED: AD/Non-Active Duty **do not** require a referral.

UC: Non-Active Duty=> No referral needed.

AD=> Yes, a referral is needed; after-hours, call the Nurse Advice Line 1-800-874-2273 for approval; during duty-hours call DGMC appointment line.

2. What should I bring with me to my off-base specialty appointment?

Authorization Number, ID Card, Insurance Card/Other Health Insurance Card (if applicable), Medical Records (if provider requests them).

3. What should I do if I receive a bill for care that has been authorized?

Please contact our Beneficiary Counseling Assistant Coordinator and Debt Collection Assistant Officer, at 707-423-7921 or 707-423-3472. You can visit them in-person at the PSC by selecting "Benefits Counselor" on the kiosk.

4. What happens if I see a specialist without a referral?

You are choosing the Point of Service option, in which you may be liable for a portion of the bill.

5. What if a specialist downtown needs information from my medical records?

They may contact the Release of Information (ROI) Office at 707-423-5359, M-F, 0730-1630. Requests can also be faxed to 707-423-5055.

6. What happens if I don't use my referral? Will it expire? Do I need to see my PCM again?

Yes, your referral will expire after **180 days**. You will need to see your PCM to obtain a new referral and authorization, **BEFORE** seeing a network provider.

7. Does having other health insurance Medicare change the referral process?

Yes, all other insurances are primary & you may not receive authorization for care. Please follow the rules of your primary insurance. The referral process does not apply to Medicare patients.

8. What happens if my civilian provider wants to order additional surgeries, exams, or other procedures that requires prior approval?

It is your civilian provider's responsibility to request approval from TriWest.

9. Will I get a copy of my referral/authorization in the mail?

No, TRICARE stopped mailing patients a copy of their referral in the mail. You can get a copy of your authorization by going to <https://tricare.triwest.com>.

Need a copy of your authorization letter?

You can get a copy of your authorization letter by visiting www.tricare.triwest.com OR by calling TriWest at 1-888-874-9378 and have them fax it to your network provider.

- ◆ To create an account on www.tricare.triwest.com, navigate under "**BENEFICIARY**" and fill out the required information.
- ◆ From the Home Screen, under **Manage My Care** click "**AUTHORIZATION STATUS**" and enter patient information.
- ◆ Click on "**Referrals/Authorizations**" under "**Manage My Care**".
- ◆ Select the appropriate **Authorization Number**
- ◆ **Contact** your network provider listed on authorization letter to schedule your off-base appointment.
- ◆ Have Authorization Number available and **BRING IT TO YOUR OFF-BASE APPOINTMENT.**
- ◆ **Request** the network Provider to fax the results of your visit to the RMC at DGMC 707-423-7535.

****If your authorization is not available on <https://tricare.triwest.com>**

please contact the RMC at 707-423-7641**

MEDICARE Patients: MEDICARE is considered your primary payer. An authorization for referrals from TRICARE **is not required.** You may call MEDICARE at 1-800-633-4227 or the RMC at 707-423-7641 if you have any questions.

Patient Referral Process:

- Step 1:** Receive referral from your PCM
- Step 2:** Go to the Patient Service Center to start your referral. You can also verify your contact info is up-to-date and make changes if you need to while you are here as well. If you cannot visit the Patient Service Center, call the Referral Management Center at (707) 423-7641.
- Step 3:** If your referral is for a specialty clinic in-house at David Grant Medical Center, you should be able to book your initial appointment in-person at the Patient Service Center, or by calling Referral Management Center. If you do not schedule your appointment, you will receive automated calls until your appointment is scheduled. Once your initial appointment is scheduled, there is nothing left for you to do other than attend your specialty appointment. You can stop here in the process.
- Step 4:** If your referral is sent to the network (off-base), you need to call your network provider and book an appointment. Ask the network provider if previous medical records are needed for the appointment, if *no*, see Step 6 below.
- Step 5:** If Step 4 is applicable, have the provider contact DGMC's Release of Information (ROI) by calling 707-423-5359, OR fax a records request to 707-423-5125. The patient can also stop by the PSC to allow us to fax your records to the network provider.
- Step 6:** Attend network provider appointment, **bring the authorization number with you.** Ensure you provide your network provider with your **Benefits Number** located on the back of your Military ID card.
- Step 7:** After the appointment, request that the Network Provider fax results to RMC at DGMC 707-423-7535 to ensure the continuity of your care!