

TRICARE INSTRUCTION SHEET

(FOR MD'S ONLY)

Attention provider:

The Tricare application has been completed on your behalf with information for you as well as the agency. Please review the application and complete the following information:

- Page 1 Do you maintain a solo practice by yourself? YES or NO
- Page 2 Sign and date both signature lines at bottom of page.
- Page 3
- Are you transferring from another state where you had an established practice?
 - What date did you begin your first Practice for which payment was made outside the scope of an intern or training program?
- Page 4 Sign and date (Application will be notarized by Ingrid Felts, Privileging and Contracts Coordinator)
- Page 5 Sign and date under right column – Signature of Provider

Please contact me if you have any questions. Once completed, you may return the application to me by fax.

Send to: Ingrid Felts – Revenue Mgmt.
Fax 713-970-7246
Phone 713-970-3454