



YOU JUST RECEIVED A REFERRAL WHAT'S NEXT?

Receiving Care from a Military Treatment Facility (MTF)

When possible, we will offer you an appointment with a specialist at our MTF.

- If the clinic is able to see you, you will receive a phone call from the clinic within **three (3)** business days.
- If you **do not** receive a phone call, please call the specialty clinic you were referred. See below.
- It is very important that your **address** and **phone number** are current in Defense Enrollment Eligibility Reporting System (DEERS). This is how we contact you about your appointment.
- To update DEERS: <https://milconnect.dmdc.osd.mil/milconnect>.
- For more information please visit <https://www.tricare.mil/FindDoctor/Appointments/Referrals>.

Receiving Care from a Civilian Provider

If an appointment is not available at our MTF, you will be referred to a civilian provider for your specialty care. You will first be offered care with a network provider and then non-network provider dependent upon availability.

- Register at <https://www.TRICARE-West.com>, a secure portal to access your paperless authorization and personal health information.
- Once registered, you may opt in to receive hard copies of your authorization letters.
- Call Health Net Federal Services at 1(844) 866-9378 to request a copy of the authorization letter.
- Once authorized, you should call the civilian provider/specialist to schedule an appointment.
- ****Not all specialists call patients to schedule appointments.**
- Please follow the directions on the authorization letter to make an appointment with the civilian provider.
- Then report the appointment date and name of the civilian provider to Naval Health Clinic Lemoore Referral Office by calling (559) 998-4322. This information will be used to update your electronic medical record.

NHCL In House Speciality Clinic Phone Numbers

General Surgery	(559) 998-4265
Mental Health (Active Duty Only)	(559) 998-4474
Obstetrics / Gynecology	(559) 998-4207
Physical Therapy	
• Main Side	(559) 998-4455
• Hornet Health	(559) 998-4334
Podiatry / Ortho	(559) 998-4441
Radiology	
• Front desk, X-ray/plain radiograph, ultrasound, CT Scans	(559) 998-4477 or (559) 998-4849
• Mammography	(559) 998-2596
• Fax	(559) 998-4653

If you do not receive a phone call from our MTF or you do not have an authorization letter from the Health Net Federal Services website within 10 business days:

- Call the NHC Lemoore Referral Office at (559) 998-4322.
- Provide your full name (include spelling if uncommon), date of birth, last four of sponsor's social security number & a good contact number where you can be reached.



Frequently Asked Questions

Can I change my TRICARE plan?

A: You can enroll or change your TRICARE plan during TRICARE Open Season, annually in November to December. Outside of TRICARE Open Season, you can only enroll or make changes to your TRICARE plan following a Qualifying Life Event (QLE). A QLE is a change in your life such as a marriage, birth of a child, change of address, or retirement from active duty (not an inclusive list). You have 90 days from the date of the QLE to make changes to your TRICARE plan. ***If you do not have a plan and don't enroll in a plan, you will only be eligible for care at a military hospital or clinic if space is available.***

Do I have to come to Naval Health Clinic Lemoore for my care?

A: If you're on Active Duty, you have to enroll in TRICARE Prime. All others can choose to enroll in TRICARE Prime or TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but, less freedom of choice for healthcare providers. If you have other health insurance (OHI), TRICARE Prime may not be right for you. If you live in a Prime Service Area (PSA) and are TRICARE Prime, you have to enroll at a military hospital or clinic.

If you're enrolled in TRICARE Prime, you can get clinical preventive care from any network provider without a referral or authorization. Under TRICARE Prime, your health care is managed by an assigned Primary Care Manager (PCM) and provided by the military staff or civilian network provider. Your assigned PCM works with your contractor to issue a referral or authorization for any covered services the MTF is unable to provide. Visit <https://www.tricare.mil/HealthWellness/Preventive> and <https://www.tricare.mil/HealthWellness/Preventive/GettingCare> for more information.

I have other health insurance (OHI), Medicare, or TRICARE Select – what does that mean for my referral?

A: If you have OHI or TRICARE Select, your referral will be forwarded to the specialty clinic at the MTF first (if a network specialist is not listed in the body of the referral) and a staff member will call you to schedule an appointment. If you have Medicare, your specialty care will be offered at the MTF if available. Otherwise, your referral will be faxed as a courtesy to the provider of your choice since this does not have to be authorized by TRICARE through Heath Net Federal Services (HNFS). If you choose not to be seen at the MTF, the specialty clinic will return your referral to Referral Management and a referral manager will contact you to let you know where your referral was faxed. ****If you have OHI, Medicare, or TRICARE Select, your referral will not be sent to HNFS for authorization****

Can TRICARE Select use the Pharmacy or the MTFs Urgent Care Clinic (UCC)?

A: Yes

Do I need a referral to go to the Emergency Room (ER)?

A: No – TRICARE covers emergency care to include professional and institutional charges and services and supplies that are ordered or administered in an emergency department. If an emergency threatens life, limb, or eyesight. Examples include severe bleeding, spinal cord or back injury, chest pain, broken bones, or difficulty breathing. Other types of emergencies include maternity and psychiatric. If you reasonably think you have an emergency, go to the nearest emergency room or call 911. Visit <https://www.tricare.mil/emergency> for more information.

If you're enrolled in a TRICARE Prime plan, contact your PCM within 24 hours or the next business day after you receive emergency care.

I'm turning 65, what do I do?

A: Becoming Medicare-Eligible is considered a QLE. You have 90 days after you become eligible for Medicare to change your TRICARE health plan (NOTE: Plan options will vary depending on your situation). If you have Medicare Part A, you must also have Medicare Part B to remain eligible for TRICARE, including prescription drug coverage, however, you don't need to sign up for Part B if you're an Active Duty Service Member, an Active Duty Family Member, or enrolled in TRICARE Reserve Select/TRICARE Retired Reserve, TRICARE Young Adult, or the US Family Health Plan (USFHP). Visit <https://www.tricare.mil/LifeEvents/Medicare> and <https://www.tricare.mil/CoveredServices/Pharmacy/Eligibility/Medicare> for more information.

Useful Links		
medicare.gov	tricare-east.com	benefeds.com (FEDVIP)
va.gov	tricare.mil/tamp	TRICARE.mil
tricare.mil/openseason	https://www.tricare.mil/usfhp	TRICARE.mil/deers
tricare.mil/lifeevents	tricare.mil/enroll	uccidtp.com (Dental)
tricare4u.com	tricare.mil/publications	express-scripts.com/TRICARE

For all beneficiaries: If you receive a bill or you have questions about any kind of co-pay, please bring it to the Medical Records window for review.