



**10th Medical Group  
U.S. Air Force Academy  
Colorado Springs, Colorado**

# Referral Guidebook



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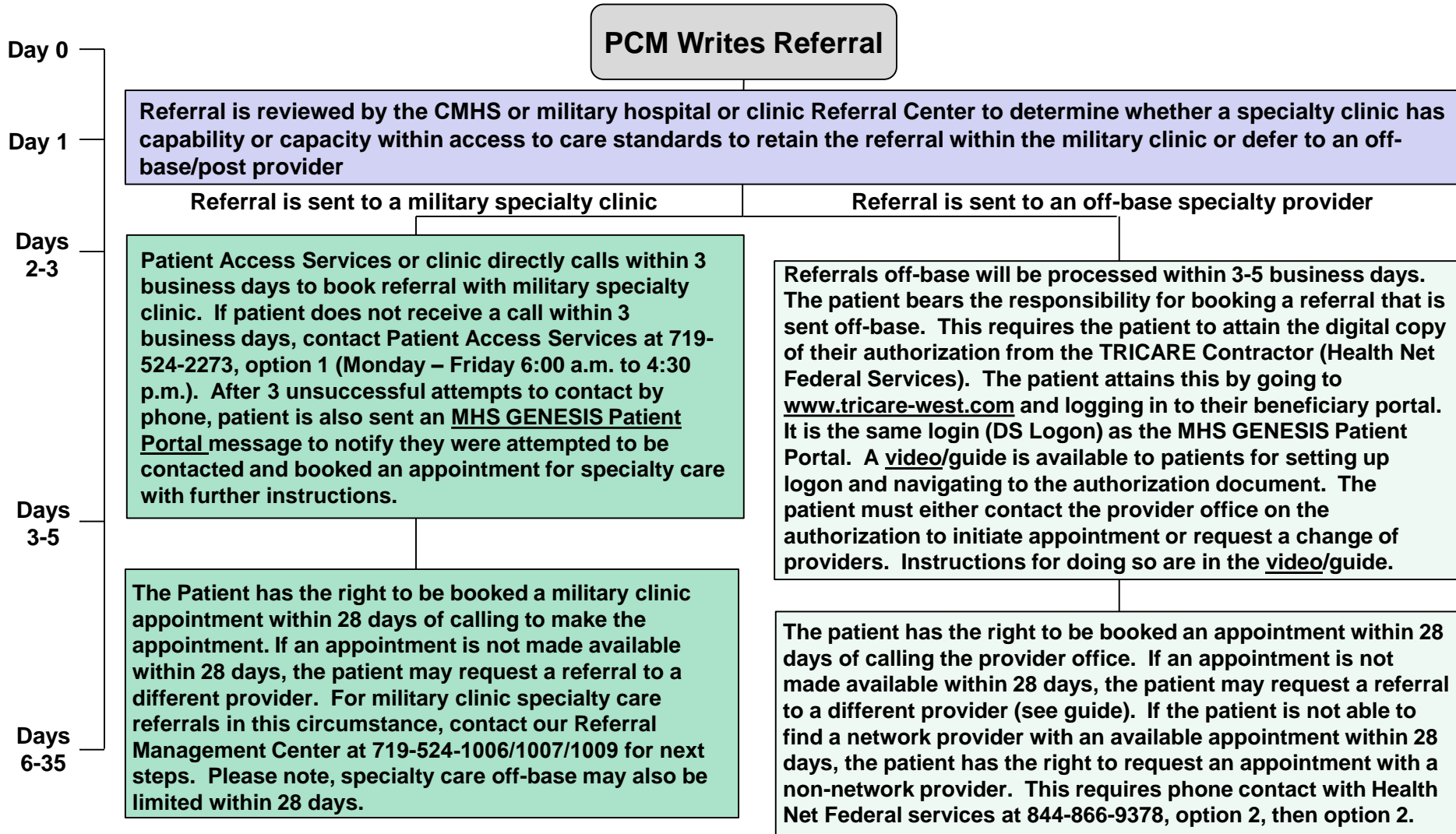
# Key Terms/Definitions



- **Authorization:** approval document for a referral which identifies the details (specialty, services/procedures, # visits, office/provider sent to, contact for provider/office, etc.) of the referral.
- **CMHS (Colorado Military Health System):** The military hospitals and clinics in Colorado Springs and Colorado which collaborate to maximize the services available to patients. Every attempt is made to navigate patients to a military hospital or clinic provider first if there is capability and access to care that meets the needs of the patient.
- **CPT/Procedure Codes:** Specific type of procedure (i.e. evaluation and treatment of nerve damage to neck) indicated on a referral which guides what the off-base provider is allowed to bill TRICARE for.
- **Difference Between Referral On-Base versus Network:** Referrals for specialty care are either determined to be able to be treated within a military hospital or clinic (on-base) or to a provider in the local community (Network) which requires navigation by the TRICARE managed care support contractor (Health Net Federal Services)
- **Health Net Federal Services:** TRICARE managed care support contractor who administers the health care benefit for TRICARE beneficiaries to include referrals
- **MHS GENESIS Patient Portal/USAF Academy Referral Management:** Message location that patients can utilize to communicate referral issues, questions, concerns
- **Patient Access Services:** Appointment line which conducts calls to patients in order to book first specialty appointment for a referral retained at a military hospital or clinic
- **Point of Service (POS) Option:** Allows patients to pay out of pocket for services obtained directly in the network but often comes with large costs near full prices for services
- **Referral:** Decision by PCM to request additional care evaluation or treatment by a specialty service/provider
- **TRICARE-West Beneficiary Portal:** online portal requiring DS Logon to access TRICARE benefits status to include authorizations for referrals



# How A Referral Is Navigated





# Referral FAQs – 1



## ■ Q: How do I get access to my authorization?

- A: Your referral authorization is only accessible through the TRICARE-West online portal ([www.tricare-west.com](http://www.tricare-west.com)) using the same DS Logon as for the MHS GENESIS Patient Portal. There is a video at the following location (<https://vimeo.com/451369629>) for accessing the authorization and additional pages in this guide for instructions on setting up DS Logon. Your referral authorization will not be mailed to you unless you are age 65+/Medicare enrolled. Only TRICARE Plus (Age 65+/Medicare+military clinic enrollment) patients receive a letter of their referral mailed by the military clinic. These authorizations will be used to navigate (location/phone #) on where to book your specialty care appointment or obtaining Durable Medical Equipment.

## ■ Q: How many visits am I authorized?

- A: The number of visits authorized on a referral can vary but this number is located on the authorization document accessible to you. See page 16 of guide. Many referrals are written with one evaluation visit and additional visits for treatment. For example; MRIs or Mammograms are diagnostic with one visit authorized meanwhile, referrals to Neurology may often include authorization for one evaluation visit and 4-5 treatment visits.

## ■ Q: When does my authorization expire?

- A: Referral authorizations can range from 30 days to 365 days, however a majority of referrals cover 180 days of treatment. This information is located directly on the authorization document. See page 16 of the guide. When this referral expires, a new referral will be required from the PCM or ordering provider if not originated by PCM.



# Referral FAQs – 2



- **Q: Can you fax my referral to the provider?**
  - **A: Referrals for TRICARE Prime patients are faxed by Health Net Federal Services to the provider who the referral has been assigned. If the referral has not been received by the provider, contact Health Net Federal Services (1-844-866-9378) and inform them that the office has not received the authorization. If the patient is not getting adequate assistance or there are continued problems with the receipt of the referral by the off-base provider, contact the Referral Management Center at 719-524-1006/1007/1009 or on the MHS GENESIS Patient Portal via USAF Academy Referral Management.**
- **Q: The provider needs codes (CPT/procedures) added or changed. Can you do that?**
  - **A: The military clinic cannot adjust the codes that are generated on a referral authorization. It is recommended that the patient coordinate with the off-base provider and inform them to contact Health Net Federal Services (1-844-866-9378). The off-base provider has the expertise to inform Health Net Federal Services regarding what codes need to be changed or added on a referral. If these actions are not successful, the patient is encouraged to contact the Referral Management Center at 719-524-1006-1007-1009 or on the MHS GENESIS Patient Portal via USAF Academy Referral Management.**



# Referral FAQs – 3



- **Q: Options to receive an off-base referral for specialty care?**
  - **A: TRICARE Prime Patients enrolled to the military clinic will be navigated first to care within an military clinic or hospital if it is available and within access to care standards. This is a requirement of the TRICARE Prime benefit. Each referral is reviewed for capability and continuity of care if a patient has a history of care with an off-base provider but if the patient has not seen the provider in greater than 3 months or there are no other compelling continuity reasons, the patient will be directed to a military clinic or hospital. Patients have a Point of Service (POS) option to choose a medical specialty in the network, but will pay extensive out of pocket costs. For more information, visit: <https://www.tricare-west.com/content/hnfs/home/tw/bene/claims/pos.html>**
- **Q: My referral was captured by the military clinic or hospital; how do I get it released?**
  - **A: Referrals will not be released by the military clinic. They have been reviewed by the referral center of the CMHS and military clinic or hospital for capability and continuity. It is recommended that patients go to their first appointment with a specialist in the military clinic or hospital and discuss care options with that provider. Patients may always choose the Point of Service option described above.**



# Referral FAQs – 4



## ■ Q: How long does it take for the referral to be processed?

- A: Referrals that are retained within a military clinic or hospital are processed within 1-2 business days with contact to make an initial appointment beginning at business days 2-3. Referrals that are deferred to the off-base network are processed within 3-5 business days and the patient is not contacted regarding approval so it is critical that the patient continue to check [www.tricare-west.com](http://www.tricare-west.com) after 3 business days if not contacted for a military clinic or hospital appointment. From [www.tricare-west.com](http://www.tricare-west.com), the patient should obtain the authorization and begin making appointment arrangements with a specialist.

## ■ Q: What do I need to do to activate my referral?

- A: Patients do not need to activate a referral. The patient's role is to follow up on their care by checking [www.tricare-west.com](http://www.tricare-west.com) after 3 business days (and continuing to check) if not contacted for a military clinic or hospital appointment. The patient must make the appointment if referral is deferred to an off-base provider.

## ■ Q: Where can I call to get more help with my referral?

- A: If the referral has been deferred to an off-base provider, it is recommended that the patient contacts Health Net Federal Services for further assistance. The phone number to Health Net Federal Services is 1-844-866-9378. If the referral has been retained at a military clinic or hospital, contact the Referral Management Center at 719-524-1006/1007/1009 or on the [MHS GENESIS Patient Portal](#) via USAF Academy Referral Management.





# Referral FAQs – 5



- **Q: How do I get a second opinion?**
  - **A: This depends on whether the referral has been retained at a military clinic or deferred to an off-base provider. If the referral was originally retained at a military clinic, contact the clinic directly to see if there are other providers available within the military clinic or CMHS that you may be able to see. If unsuccessful, contact the Referral Management Center at 719-524-1006/1007/1009 for assistance. If the referral is deferred off-base, a new referral will need to be written by the PCM indicating a second opinion. We recommend contacting the PCM via the MHS GENESIS Patient Portal to request this.**
- **Q: Can I change my off-base referral to a different provider?**
  - **A: Off-base referrals can be changed to a different provider directly by the patient if the visits on a referral authorization have not been utilized. In this case, the patient can contact Health Net Federal Services (1-844-866-9378) or perform the steps on page 17 of this guide through the www.tricare-west.com beneficiary portal.**



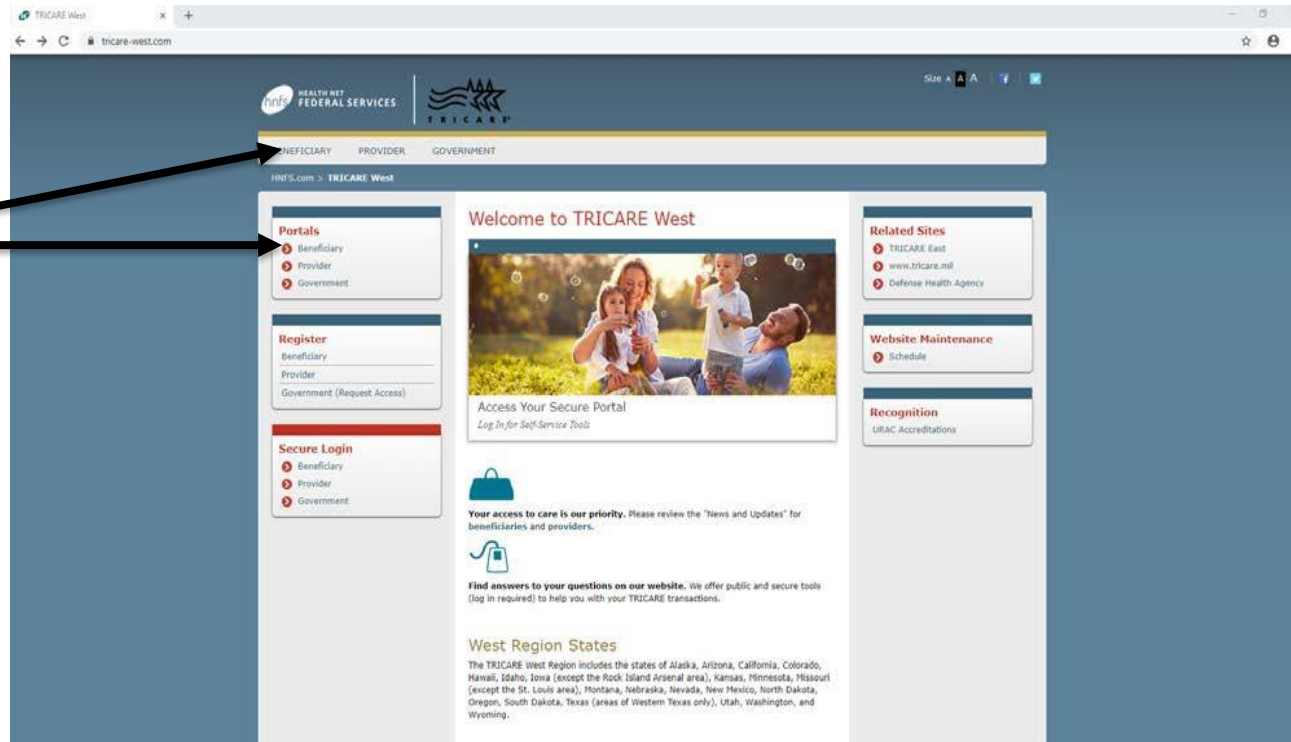
# TRICARE-West – Video/Main Page



**A video describing referral authorizations and the access to the document is available at the following link: <https://vimeo.com/451369629>**

**The website location for accessing referral authorizations is through Health Net Federal Services beneficiary portal at [www.tricare-west.com](http://www.tricare-west.com)**

**The main page displays a Beneficiary portal/Secure Login option which is where patients must navigate to in order to access referral authorizations**





# Beneficiary Portal/ Secure Login Page



**After clicking to navigate to the beneficiary portal/secure login, the patient will see this page where they should login using the DS Logon. This is the same logon used for the MHS GENESIS Patient Portal. If a DS Logon has not yet been established, the patient should click Register at the top of the ribbon. The next two slides are a comprehensive guide/pamphlet to setting up the DS Logon.**

HEALTH NET FEDERAL SERVICES | TRICARE

Log Out

HOME | ENROLLMENT | AUTHORIZATIONS | CLAIMS | COVERED SERVICES | WELLNESS | RESOURCES | SECURE PORTAL

HNFS.COM > Login

Login Register

### DS LOGON

Use your DoD Self-Service Logon (DS Logon) to log in to [www.tricare-west.com](http://www.tricare-west.com). A premium DS Logon is required. For information on obtaining a DS Logon, please use the [My Access Center link below](#).

DS LOGON

DS Logon My Access Center & FAQs  
Click here to review the Privacy Act Statement  
For DS Logon support, please call the DMDC at 1-800-477-8227

### LOGIN

User Name  
Password

LOGIN

[I forgot or lost my password](#) | [I forgot my username](#)  
For support with login issues please call 1-800-440-3114  
Support hours are Monday - Friday 6:30am - 7:00pm Pacific.

Home | Company | News | Contact Us | Privacy | Go To --Portal--

# DS Logon Set Up Guide/Pamphlet – Steps 1-7

1. Go to [www.tricare-west.com/idp/bene-login.fcc](http://www.tricare-west.com/idp/bene-login.fcc)

- Select “DS Logon” and “Need An Account?”

Frequently Asked Questions

ATTENTION ALL USERS: PLEASE READ THE BELOW INFORMATION IN ITS ENTIRETY

ACTION NEEDED: Phone Numbers can be updated by yourself by logging into your DS Logon account and going to "UPDATE CONTACT INFORMATION." This will take you to a screen to update your own phone number and email. Please ensure your phone (e.g., cell, landline) and email address is accurate as future security features will be enabled soon and you won't have access to your DS Logon account if the phone number is not one you can access.

IMPORTANT: After visiting DS Logon or one of our partner sites, CLOSE your browser window AND all open tabs. This will help protect your information and privacy. If you choose not to close your browser and all open tabs, this can enable third parties access to your PRIVATE HEALTH and BENEFIT INFORMATION.

DS Logon CAC DFAS

**DS Logon**

DS Logon Username

DS Logon Password

Forgot Username? Forgot Password?

Login

**Need An Account?**

Activate My Account

Upgrade To Premium Account

Change My Account

2. Provide all eligibility information and continue.

Frequently Asked Questions

Tell us about yourself

First Name

Last Name

Date of Birth

Person Identifier

Activation Code

Continue Cancel

3. For those without a Common Access Card (CAC), choose the option to “Register using my email in DEERS.” If you do not have an email in DEERS, you can set this up by going to <https://idco.dmdc.osd.mil/idco/>.

Registration Process

Our records indicate you currently have an active Common Access Card (CAC) and an email on file in DEERS. The most efficient method is to register using an attached CAC reader. If you do not have this option available then you may use your email on file in DEERS. A one-time activation code will be sent to your email address if you chose this method. Once you receive the activation code follow the instructions to complete the registration process.

CAC Common Access Card

Register using my attached CAC reader

Register using my email in DEERS

Cancel

4. You must consent to using your email address to send an activation code.

Registration Process

By selecting "Yes" below you are consenting to our use of your email address (t...r@mail.mil) to send an activation code.

Yes No

5. You will receive notification of the activation code being sent and to check your Spam folder.

Registration Process

A temporary activation code has been sent to t...r@mail.mil. Please check your email inbox for a message from do-not-reply-dslogon@mail.mil, and follow the instructions. If you do not see an email from do-not-reply-dslogon@mail.mil in your Inbox please check another folder such as a "Spam" or "Junk" folder.

6. After retrieving your activation code, return to the main logon page and then select the option to “Activate My Account”.

Frequently Asked Questions

ATTENTION ALL USERS: PLEASE READ THE BELOW INFORMATION IN ITS ENTIRETY

ACTION NEEDED: Phone Numbers can be updated by yourself by logging into your DS Logon account and going to "UPDATE CONTACT INFORMATION." This will take you to a screen to update your own phone number and email. Please ensure your phone (e.g., cell, landline) and email address is accurate as future security features will be enabled soon and you won't have access to your DS Logon account if the phone number is not one you can access.

IMPORTANT: After visiting DS Logon or one of our partner sites, CLOSE your browser window AND all open tabs. This will help protect your information and privacy. If you choose not to close your browser and all open tabs, this can enable third parties access to your PRIVATE HEALTH and BENEFIT INFORMATION.

DS Logon CAC DFAS

**DS Logon**

DS Logon Username

DS Logon Password

Forgot Username? Forgot Password?

Login

**Activate My Account**

Upgrade To Premium Account

Change My Account

7. Next you will be asked to verify your personal info again and input the activation code you retrieved from your email.

Tell us about yourself

First Name

Last Name

Date of Birth

Person Identifier

Activation Code

Continue Cancel

# DS Logon Set Up Guide/Pamphlet – Steps 8-12

8. Provide your DoD ID Number in the required block.

**Activate Account**

Please enter the DOD ID NUMBER found on your DoD ID card



DOD ID NUMBER

9. Create a DS Logon password that meets system requirements.

**Create a password for your account.**

**Password Requirements:**

- ✓ Passwords must be at least 9 characters but no more than 20
- ✓ At least 1 lowercase letter (e.g., a,b,c...x,y,z)
- ✓ At least 1 uppercase letter (e.g., A,B,C...X,Y,Z)
- ✓ At least 1 number (e.g., 0,1,2...8,9)
- ✓ Special Characters are not required but these special characters can be used (e.g., @,#&\$%\*+()!,:-{}?>~<|`~)
- ✓ No birth dates, social security numbers, or part of your name
- ✓ When changing a password, your new password cannot be changed more than 1 time in 24 hours

**Enter your password below. Please note that:**

1. All passwords expire in 180 days (6 months) and will need to be changed prior to expiration. You may want to note your password expiration date on a calendar. As a security precaution, your password should never be written down
2. When entering your password below, you will know your password meets the password requirements when all lines above are green. If there is any red lines, please go back and adjust the password to meet the requirement identified

Password  ✓

Confirm Password  ✓

Show Passwords

10. Create password recovery questions/ answers.

Please select a question and type the answer. These questions will be asked when you reset or change your password. Your answers are not case sensitive.

What was the name of your first pet?

In what hospital were you born?

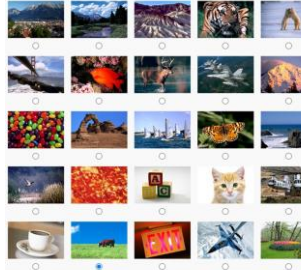
What school did you attend for sixth grade?

In what city did you meet your spouse?

In what town was your first job?

Once completed, press Continue.

Select your image. This image will be displayed during the login process.



[See more images](#)

11. Select a security image that you will use each time that you log on via DS Logon.

12. The final two screens will provide the username you will use to log on each time and verification that your account is active. You may now login at the main page via your DS Logon.

[Frequently Asked Questions](#)

**Activation Successful**

Your Username is:

Congratulations! Your identity has been verified. Press continue to go to your DS Logon account.

[Frequently Asked Questions](#)

Email addresses may be used to reset your password. The email addresses on file are:

Note: Email address(es) are not displayed fully for security purposes.

## 10th Medical Group

### DS Logon Activation Guide for Health Net Federal Services

Manage Enrollments, Pay Premiums/Make Payments,  
Download Referral Authorizations, Request Changes to  
Referrals, Review Number of Remaining Visits on a  
Referral, Review Claims/Explanation of Benefits,  
Search Network Provider Directory





# TRICARE-West – Beneficiary Portal – Main Page



**After logging in, the patient will access referral authorizations by clicking on the “Check Authorization Status” link under Secure Tools.**

**From there, the patient will be directed to search by beneficiary (self or dependents) and date ranges**

The screenshot displays the TRICARE West Secure for Beneficiaries portal. At the top, the user is logged in as Bradley Howard. The navigation menu includes HOME, ENROLLMENT, AUTHORIZATIONS, CLAIMS, MY ACCOUNT, SECURE INBOX, and SECURE PORTAL. The breadcrumb trail shows HNFS.com > TRICARE West > Beneficiary > Secure. The 'Secure Tools' sidebar lists various services, with 'Check Authorization Status' highlighted. The main content area features a 'Find a Provider' search box, a 'Self-Help Tips' section, and a 'Contact Us' section.



# TRICARE-West – Beneficiary Portal – Referrals Search



**After clicking on the Check Authorization Status page, the patient must choose for whom the referral authorizations they are attempting to acquire (self or dependents) and then filter to a specific date range or authorization number. After doing so and clicking search, the patient will see all approved referrals displayed on the screen.**

The screenshot shows the 'Authorization Search' page in the TRICARE West Beneficiary Portal. The page has a navigation bar with links: HOME, ENROLLMENT, AUTHORIZATIONS, CLAIMS, MY ACCOUNT, SECURE INBOX, and SECURE PORTAL. Below the navigation bar is a breadcrumb trail: HNFS.com > TRICARE West > Beneficiary > Secure > Authorization Search.

**Secure Tools**

- Secure Portal
- Eligibility & Deductible
- Manage My Payment
- View Payment History
- Check Authorization Status
- Change an Authorization
- Check Claim Status
- View Summary TEOB
- Update Other Health Insurance
- Create Annual Benefits Summary Report
- Nominate a Beneficiary for Case or Disease Management
- Preventive Services
- Ask Us Secure Email
- Upload a Document
- Secure Inbox
- My Account

**Contact Us**

Contact Us Page

### Check Status or Make Changes to an Authorization

\* = Required Field.

\* Check status of  
Self

\* Search for authorization by  
 Authorizations and referrals within the last  
Select

Show me all authorizations and referrals between  
MM / DD / YYYY --&-- MM / DD / YYYY

Authorization Number

SEARCH RESET

**Note:** This guide provides step-by-step instructions on how to use the Check Authorization Status tool to change the specialty care provider on an existing authorization or referral.



# TRICARE-West – Beneficiary Portal

## – Referrals Selection



**After searching a date range, the authorizations approved during this period will display. From here, the patient must click on the highlighted authorization number on the left side of the table. This will enable a few key actions related to this referral**

- 1. View/download authorization letter instructing where referral has been directed. Patient should initiate booking with network specialist using info provided.**
- 2. View claims related to the authorization which would show how many visits remain on the existing authorization. If no visits remaining, must contact referring provider or PCM.**
- 3. Request a new provider for the specialty care being referred**

HOME ENROLLMENT AUTHORIZATIONS CLAIMS MY ACCOUNT SECURE INBOX SECURE PORTAL

HNFS.com > TRICARE West > Beneficiary > Secure > **Authorization Summary**

**Secure Tools**

- [Secure Portal](#)
- [Eligibility & Deductible](#)
- [Manage My Payment](#)
- [View Payment History](#)
- [Check Authorization Status](#)
- [Change an Authorization](#)
- [Check Claim Status](#)
- [View Summary TEOB](#)
- [Update Other Health Insurance](#)
- [Create Annual Benefits Summary Report](#)
- [Nominate a Beneficiary for Case or Disease Management](#)
- [Preventive Services](#)
- [Ask Us Secure Email](#)
- [Upload a Document](#)
- [Secure Inbox](#)
- [My Account](#)

**Contact Us**

[Contact Us Page](#)

**Public Tools**

- [Network Provider Directory](#)
- [Non-Network Provider Directory](#)
- [TRICARE Prime & PCM Selection](#)
- [Military Hospital Locator](#)
- [Covered Benefits](#)
- [Copayment or Cost-Share](#)
- [Is Approval Needed](#)

### Check Authorization and Referral Status [Back](#)

\* Sponsor SSN  
\* Patient Name  
\* Patient Date of Birth  
\* Patient DBN

**SHOW ME ALL AUTHORIZATIONS AND REFERRALS WITHIN THE LAST 24 MONTHS**

Search all Columns    Show  entries    Dates of Service

Authorization	Dates of Service	Place of Service	Servicing Provider	Provider Specialty	Decision Description	Claims Link
<a href="#">20183200001</a>	11/15/2018 -					<a href="#">View claims for this authorization</a>
<a href="#">982523</a>	05/14/2019	Outpatient	Landis, Geoffrey	Surgery-Orthopedic	Approved	<a href="#">View claims for this authorization</a>
<a href="#">0010-181024-00570</a>	10/25/2018 - 02/22/2019	Outpatient	Concentra Medical Centers	Physical Therapy	Approved	<a href="#">View claims for this authorization</a>
<a href="#">20182880001</a>	10/12/2018 -		Tucson	Durable Medical Equipment & Medical Supplies	Approved	<a href="#">View claims for this authorization</a>
<a href="#">762303</a>	04/10/2019	Home	Orthopaedic Institute		Approved	<a href="#">View claims for this authorization</a>
<a href="#">20181910001</a>	07/10/2018 - 11/07/2018	Outpatient	Landis, Geoffrey	Surgery-Orthopedic	Approved	<a href="#">View claims for this authorization</a>
<a href="#">20181900001</a>	07/09/2018 - 11/07/2018	Home	Landis, Geoffrey	Surgery-Orthopedic	Approved	<a href="#">View claims for this authorization</a>





# TRICARE-West – Beneficiary Portal - Referral Authorization Letter



**After clicking on the authorization, several important details are displayed including the authorization letter, claims link and new provider request link. Service line details are displayed below and down the page with information such as number of visits. When selecting to view authorization letter a pop up window will emerge that allows the download of the authorization into a PDF. Our team recommends that patients save this PDF to their mobile device.**

**Visits authorized: important to view all line details as often there are additional line details with more visits (i.e. for follow ups)**

**Expiration date on the referral**

## CHECK AUTHORIZATION AND REFERRAL STATUS

Authorization 20183200001982523  
Authorization Status Approved  
Decision Approved  
UIN  
Patient Name  
Patient DBN  
Patient DOB  
Primary Diagnosis Code M93.271  
Secondary Diagnosis Code M65.9  
Plan TRICARE Prime-Active Duty Sponsors  
Sponsor Name I  
Sponsor SSN :

Requesting Provider Name Geoffrey Landis  
Provider Phone (520) 382-8200  
Servicing Provider Name Geoffrey Landis  
Servicing Provider NPI 1982645719  
Provider Phone (520) 382-8200  
Servicing Facility  
Provider Address 6320 N La Cholla Blvd, Tucson, AZ 85741-3549 **Request New Provider**  
FAX (520) 297-3505  
Primary Diagnosis/Description Osteochondritis dissecans, right ankle and joints of right foot  
Secondary Diagnosis/Description Synovitis and tenosynovitis, unspecified  
Specialty Surgery-Orthopedic

[View authorization letter](#)  
[View claims for this authorization](#)

## SERVICE LINE DETAIL 1

Service Type Office Visit Professional  
Requested Procedure 99241-99245  
Place Of Service Outpatient  
Decision Approved  
Reason TRICARE Covered Benefit (SA)  
Service Begin Date 11/15/2018  
Service End Date 05/14/2019

High Procedure Code/Description 99245 / Office Consultation  
Low Procedure Code/Description 99241 / Office Consultation  
Approved Service Type Office Visit Professional  
Approved Procedure Range 99241-99245  
Beginning Procedure 99241  
Ending Procedure 99245  
Quantity 1.0 VISITS



# TRICARE-West – Beneficiary Portal – Request New Provider



**After selecting the “Request New Provider” option, a window will pop up that organizes providers based on distance of the office location in the directory. It can also be rearranged alphabetically and a name search can be performed in the upper right.**

**After a provider is selected via the bubble on the left, click the submit request option and a new authorization will process and publish with the provider selected. It is highly recommended that the patient call the office associated with a specific provider as the directory is not always accurate. This may take 1-2 minutes to process.**

Request New Provider

Search:

Select	Name	Address	Distance	Speciality
<input type="radio"/>	DOMINGO CHELEVITTE	350 W WILMOT RD TUCSON, AZ 85711	4.24	Surgery-Orthopedic
<input type="radio"/>	MARK SENESE	6502 E CARONDELET DR TUCSON, AZ 85710	4.18	Surgery-Orthopedic
<input type="radio"/>	TIMOTHY DIXON	6567 E CARONDELET DR TUCSON, AZ 85710	4.32	Surgery-Orthopedic
<input type="radio"/>	LACEY RAO	6567 E CARONDELET DR TUCSON, AZ 85710	4.12	Surgery-Orthopedic
<input type="radio"/>	THOMAS NELSON	6567 E CARONDELET DR TUCSON, AZ 85710	4.32	Surgery-Orthopedic
<input type="radio"/>	ROBERT KERSEY	6567 E CARONDELET DR TUCSON, AZ 85710	4.32	Surgery-Orthopedic
<input type="radio"/>	JOHN KLEIN	6618 E CARONDELET DR TUCSON, AZ 85710	4.45	Surgery-Orthopedic
<input type="radio"/>	KAL-UWE LEWANDROWSKI	717 S ALVERNON WAY TUCSON, AZ 85711	5.09	Surgery-Orthopedic
<input type="radio"/>	TY ENDEAN	6369 E TANQUE VERDE RD TUCSON, AZ 85715	5.34	Surgery-Orthopedic
<input type="radio"/>	MICHAEL DOHM	2800 E AJO WAY TUCSON, AZ 85713	5.76	Surgery-Orthopedic

Showing 1 to 10 of 100 entries



# Additional Assistance



- If ever a patient requires assistance regarding a referral which cannot be resolved using this guide, contact the 10th Medical Group Referral Management Center via the MHS GENESIS Patient Portal (USAF Academy Referral Management) or by phone at 719-524-1006/1007/1009