HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Beneficiary Full Name: ______________________ Sponsor's SSN: ____-____-____

Date of Birth: ______________________ Beneficiary State of Residence: __________

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

Sacral nerve stimulation (SNS) is a limited benefit under TRICARE. TRICARE Policy Manual Chapter 4, Section 2.1 authorizes SNS for the treatment of chronic fecal incontinence.

*In order for SNS to be covered, the provider must attest all of the following statements are true:*

☐ The beneficiary has failed conservative treatment or is not a candidate it, and

☐ The beneficiary has a weak, but structurally intact anal sphincter and has fecal incontinence that is refractory to conservative measures.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: ______________________________

Physician's printed name and title: ______________________________

TIN: ______________

Signature: ______________________

Date: __________

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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