

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 or attach it to your online request.

TRICARE Policy Manual, Chapter 7, Section 2.2 authorizes coverage of a low-dose computed tomography (CT) for lung cancer screening in persons 50 through 80 years of age with a 20 pack-year history of smoking who are currently smoking or have quit within the past 15 years.

In order for low-dose CT for lung cancer screening to be covered, the provider must attest to the applicable statements below indicating the condition for which the procedure is being ordered (check all that apply):

The beneficiary:

- Has not already had a screening CT scan for lung cancer in the last 12 months.
- Is aged 50 to 80 years old.
- Has a 20 pack-year history of smoking.
- Is a current smoker or quit smoking within the past 15 years.
- Has a health problem significantly limiting either life expectancy, or the ability or willingness to undergo curative lung surgery.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designees 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.

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