

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

TRICARE Service Center

[Address of TRICARE Service Center]
[City, State, Zip Code]

Subject: Request for MHS Genesis TRICARE Authorization

Dear TRICARE Authorization Team,

I hope this letter finds you well. I am writing to formally request authorization for [specific service or treatment] as part of my healthcare plan under TRICARE. My details are as follows:

- Beneficiary Name: [Your Full Name]
- Sponsor Name: [Sponsor's Full Name]
- TRICARE ID Number: [Your TRICARE ID Number]
- Date of Birth: [Your Date of Birth]

The requested service is necessary for my [briefly explain the medical necessity or reason for the request]. Enclosed are the supporting documents, including [list any attached documents, such as medical records or provider notes].

I appreciate your attention to this matter and look forward to your prompt response regarding the authorization process.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]