

Roster load issues

Please only use this form if you have submitted a roster over 90 days ago and find an issue with a practitioner. For delegated groups, return this form to HMHSDelegatedRequests@HumanaMilitary.com. For non-delegated groups, return this form to HGBProviderRosters@HumanaMilitary.com.

If you have not yet submitted a roster, please do not use this form. For other concerns/questions, please send a secure message through [provider self-service](#).

Issue:

- | | |
|--|---|
| <input type="checkbox"/> Practitioner doesn't display | <input type="checkbox"/> Incorrect specialty listed for practitioner |
| <input type="checkbox"/> Practitioner is missing from location requested on the roster | <input type="checkbox"/> Group location not found |
| <input type="checkbox"/> Incorrect delegated affiliation | <input type="checkbox"/> Group still showing active after termination request |
| <input type="checkbox"/> Practitioner still showing active after termination request | |

Information needed:

Date the roster was submitted: _____

The delegated entity: _____

Group name: _____

Group tax ID: _____ Group National Provider Identifier NPI: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone (XXX) XXX-XXXX: _____ Fax (XXX) XXX-XXXX: _____

If the issue is applicable to a specific practitioner, the below must be completed:

Practitioner name: _____

Practitioner NPI: _____ Primary Care Manager (PCM): ☐ Yes ☐ No

Specialty: _____

Requestor contact information:

Name: _____

Title: _____

Phone (XXX) XXX-XXXX: _____ Email: _____



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