## Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness

Who This is For	National Guard and Reservist.			
Background and purpose	MMSO in conjunction with Express Scripts Incorporated (ESI) began processing Retail Pharmacy reimbursements for National Guard and Reservist on 15 November 2004.			
Eligibility	National Guard and Reservist who have pre-paid or have been billed for pharmaceuticals in conjunction with a Line of Duty Determination (LOD) injury or illness. <u>Note</u> : Over-the-counter drugs and any non-covered pharmaceuticals will not be reimbursed.			
	will not be reinibulsed.			
Process for Reimburse- ment	nburse-			
Step Action				
	1 Member completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment, DD Form 2642.			
	2 Member provides claim printout or paid civilian pharmacy invoice with the following information:			
	Doctors Name			
	• Drug Name			
	National Drug Code (NDC) number			
	• Quantity			
	Cost share or amount charged			
	• Date of service, and			
	Name of Retail Pharmacy			
	3 Obtain eligibility documentation that covers the date of injury and/or pharmacy, i.e. orders, attendance roster, or LOD if not already sent to/on file at MMSO.			

Pharmacy Reimbursement for Guard and Reserve staff with Line of Duty (LOD) injuries or illness CONTINUED

Complete MMSO Medical Eligibility Verification worksheet (MMSO 4 Worksheet 01). Check pharmaceutical reimbursement in block #11. 5 Forward the DD Form 2642, pharmacy invoice, eligibility documentation, LOD, and MMSO Medical Eligibility Verification Worksheet to the following address or FAX: Military Medical Support Office Attn: RC Retail Pharmacy Reimbursement P.O. Box 886999 Great Lakes, IL 60088-6999 FAX: 847-688-6460 Results and If MMSO determines your pharmacy bill is related to your LOD injury or illness they will instruct ESI to process your claim for reimbursement. Within follow up 30 working days, you will receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI. References TRICARE website for the pharmacy program: and websites http://www.tricare.mil/pharmacy/ Point of If you have questions or need additional assistance beyond the information Contact provided here, contact:

Drocoss	for	Reimbursement - continued	
Process	101	Reinibulsement - continued	

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

Military Medical Support Office MMSO Worksheet-01 Rev. 5/6/2011

## MEDICAL ELIGIBILITY VERIFICATION Reserve Component

<b>Instructions:</b> Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then mails or faxes this form and supporting documentation to MMSO (address/FAX # below). All blocks must be completed. Note: Submit dental claims IAW the Dental Claim instructions on the MMSO Website <a href="http://www.tricare.mil/tma/MMSO">http://www.tricare.mil/tma/MMSO</a>					
_ Section I	– Patient Data				
1. Branch of Service (✓ one) USAR USNR	USMCR USAFR ARNG ANG USCGR				
2. Name (last, first, MI):	3. Rank or Grade: 4. SSN				
5. Address (street, apt #, city, state, & zip):	6. DOB (YYMMDD):				
	7. Phone # (included area code):				
Section II – Tre	atment Information				
	(YYMMDD): 10. Duty Dates (YYMMDD):				
	From: To:				
11. Diagnosis or description of injury/illness and/or Pharmacy					
Section III – Unit C	ertification of Eligibility				
12. Type of LOD/NOE (✓ one):					
Informal 🛛 Formal 🗌 Admin 🗌 LOD C	CONUS Emergency  Post Deployment Health Assessment				
13. Name of nearest Military Treatment Facility:	which is				
located miles from the member's: 🖵 place of o	uty or L residence (✓ one).				
14. Current Unit of Assignment (Unit name, staff symbol, code, et	2.): 14A. Current Unit UIC/OPFAC				
14B. Current Unit of Assignment Address (street, bldg #, city, sta	te, & zip) 14C. Current Unit Phone #				
	(include area code)				
15. Unit POC (Name, Rank and Title):	15A. POC Phone # (include area code)				
16. Certification: I certify that this individual is eligible for this	care at government expense (CO or Medical Rep. signature):				
Signature Printed Name	Date				
Make sure you have attached the	Distribution				
STOP appropriate documents!	MAIL and FAX Information:				
The following documents must be attached:	MAIL this form/attachments to:				
Documents should match/cover date in block 8. above.	MMSO Attn: Reserve Eligibility				
Approved LOD and/or NOE	P.O. BOX 886999 Great Lakes, IL 60088-6999				
Drill Attendance Sheet or Orders (for initial date of care)					
(for USCG: CG-4436B or CG4899)	FAX this form/attachments to: 847-688-6460 or 2134				
	Attn: Reserve Eligibility				