How to Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills

Who This is For

Active duty, National Guard, and Reservist.

Purpose

This topic explains how an eligible member can get reimbursed for authorized medical care that was pre-paid out-of-pocket.

Eligibility

Active duty, National Guard and Reservist who pre-pay for authorized medical care or out-of-pocket costs must meet the following eligibility criteria:

If	Then on date of care/bill, MUST
Active duty	be eligible in Defense Enrollment Eligibility Reporting System (DEERS), and enrolled to the appropriate Primary Care Manager. Note: Errors in the DEERS database can cause problems with TRICARE claims, so it is critical to maintain your DEERS information. See "DEERS Enrollment" section below.
National Guard	have a service endorsed Line of Duty (LOD) on file at
or Reservist	MMSO for the illness or injury.

<u>Note</u>: To be reimbursed all health care must be a covered benefit or medically necessary.

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Process for Reimbursement

Follow these steps to get reimbursed for pre-paid medical bills:

Step	Action		
1	Member completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment, <u>DD Form 2642</u>		
2	Forward the DD Form 2642, bill, and proof of payment (i.e. copy of paid receipt, cancelled check, credit card statement, etc) to the appropriate Managed Care Contractor for your region as follows:		
	Region	Mail to:	
	North	North Region Claims	
		PGBA	
		PO. Box 870140	
		Surfside Beach, SC 29587-9740	
		1-877-874-2273	
	South	TRICARE South Region	
		Claims Department	
		P. O. Box 7031	
		Camden, SC 29020-7031	
		1-800-403-3950	
	West	WPS/West Region Claims	
		P.O. Box 77028	
		Madison, WI 53707-7028	
		1-888-874-9378	

Results and follow up

When the appropriate documentation is received and processed by the Regional Managed Care Contractor a payment decision will be reflected on an Explanation of Benefits (EOB), normally within 30 working days of receipt.

References and websites

- TRICARE Operations Manual, chapter 19, Sections 1.4.1 and 3.8.3.
- http://www.tricare.mil/claims/whereclaim.cfm

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DEERS enrollment

Follow one of the steps below to update your information in <u>DEERS</u>:

In person	Go to the nearest <u>military personnel office</u> or uniformed services ID card-issuing facility	
Online	http://www.tricare.mil/deers/update-info.cfm	
	Defense Manpower Data Center Support Office Attention: COA 400 Gigling Road Seaside, CA 93955-6771	
Fax	DEERS 831-655-8317	
Phone	800-538-9552 Monday-Friday, 6 a.m. to 3:30 p.m. PST	

Point of Contact

If you have questions or need additional assistance beyond the information provided here, contact:

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

Military Medical Support Office MMSO Worksheet-04 Rev. 09/15/2011

FORMAL APPEAL REQUEST

Military Medical Support Office

Instructions : Complete this form when submitting a formal appeal for denied medical care cla Military Medical Support Office (MMSO) only. See the MMSO website for detailed instructions at h	im(s), denied pre-authorization request by the ttp://www.tricare.mil/mmso
1. Branch of Service ☐ USA ☐ USAF ☐ USN ☐ USMC (please ✓ one)	
□ USAR □ USAFR □ USNR □ USMC	
2. Name (last, first, MI): 3. Rank or Grade:	4. SSN (full)
5. Duty Location (Unit name and location)	6. Daytime Phone #(s) (include area code)
7. Type of Appeal (please ✓ one): ☐ Denied Claim ☐ Denied Pre-authorization	Request
8. Date of Injury/Illness (YYMMDD): 9. Date(s) of Care/Pre-authorization	
10. Unit/Command Medical POC:	10A. POC Phone # (include area code)
11. Appeal: Briefly state why the claim should be paid, or the denied pre-authorization	should be approved:
Delicat Signature	Data Signad
Patient Signature:	Date Signed