

Tricare Breast pump reimbursement procedure

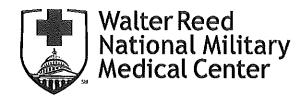
 Mail receipt for breast pump, Tricare claim forms (see additional link) and prescription to:

Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740

*Any questions regarding Breast pump reimbursement claims please contact Tricare directly.

www.hnfs.com

1-877-TRICARE (1-877-874-2273)



Walter Reed National Military Medical Center 8901 Wisconsin Ave Bethesda, MD 20889

EO603 Personal Breast Pump TriCare Prescription

ICD 10 Code: Z39.1

Date:				
Name:		DOB:		
Current Address:				
City:		St:	Zip:	
Cell:	Email:			
*Electric Double Breast	1 1			
Jours of Mrs	sua no	NPI: 1356	5338404	
D.S Wiersma, MD	Phone: (301) 295-5552			