

## How to get a Medical Bill removed from a Credit Report by Defense Health Agency Great Lakes (DHA-GL)

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**Who this is for** Active duty, National Guard, and Reservist

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**Purpose** To assist members with resolving debt collection issues, the Under Secretary of Defense established Debt Collection Assistance Officer (DCAO) Programs at every Lead Agent Office and Military Treatment Facility worldwide.

DCAOs provide priority assistance when presented documentation verifying that collection action has been started or that negative information is reflected on a member's credit report as a result of late or non-payment for authorized health or dental care received through TRICARE.

Note: While DCAOs cannot provide legal advice or act as beneficiary advocates, they will take all measures necessary to ensure each case is thoroughly researched and that beneficiaries are provided with written findings and assistance in the minimum time possible.

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**Eligibility** The following personnel may seek assistance via the Defense Health Agency Great Lakes (DHA-GL) DCAO to resolve debt collection issues:

If ...	Member MUST ...
Active Duty	Be enrolled in TRICARE Prime Remote (TPR) at the time of the authorized care/debt incurred.
National Guard or Reservist	Have been issued a Line of Duty Determination (LOD) at the time of care/debt incurred.  <u>Note:</u> The LOD must be on file at DHA-GL prior to requesting assistance. See " <a href="#">How to Forward Medical Eligibility Documentation</a> (Line of Duty Determination LOD) to DHA-GL" process guide for complete instructions.

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**How to Request Assistance** Follow these steps to receive assistance from the DHA-GL Debt Collection Assistance Office (DCAO):

Step	What Happens
1	<p>Member completes the following forms:</p> <ul style="list-style-type: none"><li>• <a href="#">Authorization For Disclosure of Medical or Dental Information DD Form 2870</a></li><li>• Notice of the Role of the DCAO form</li></ul> <p><u>Note:</u> DHA-GL must have these forms to legally contact the credit bureau and/or collection agencies involved.</p>
2	<p>Member <u>faxes</u> or mails the following documentation to DHA-GL DCAO:</p> <ul style="list-style-type: none"><li>• DD Form 2870</li><li>• Notice of the Role of the DCAO form</li><li>• Copy of the final notice letter from the collection agency/credit bureau, stating this information has been noted on the member's credit report</li><li>• LOD (if appropriate)</li></ul> <p><b><u>FAX: 847-688-6460</u></b></p> <p><u>Mailing Address:</u> Defense Health Agency Great Lakes DHAGL Attn: Debt Collection Action Officer (DCAO) Bldg 3400 Ste 304 2834 Green Bay Road Great Lakes IL 60088</p> <p><u>Note:</u> If the DHA-GL DCAO does not receive all the information listed above from the member, the DCAO will send the member a letter requesting information needed to pursue the case.</p>

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### Results and Follow-up

Once a complete package is received, the DHA-GL DCAO will contact the credit bureau/collection agency and requests a 60-day hold until TRICARE pays the claim. Once paid by TRICARE, a notice goes to the credit bureau/ collection agency with information pertaining to the date of the check and check number. The letter also requests that the negative credit information be removed within 14 days.

If the care in question is not covered by TRICARE, or the member was ineligible, the DHA-GL DCAO will send a letter to the member stating the facts.

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### Website

Contact information for DCAOs can be found on the TRICARE web site at: <http://www.tricare.osd.mil/bcacadcao/>

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### Enclosures

- Notice of the Role of the DCAO form
  - [Authorization For Disclosure of Medical or Dental Information DD Form 2870](#)
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### Point of Contact

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

Division	Healthcare Support Services Branch
Position	Debt Collection Assistance Officer (DCAO)
Phone	888-647-6676
Fax	847-688-6460

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**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpcl.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpcl.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

NOTICE OF THE ROLE OF THE DEBT COLLECTION ASSISTANCE OFFICER

ACKNOWLEDGEMENT

I \_\_\_\_\_ understand that the role of the Debt Collection Assistance Officer (DCAO) is one of researching TRICARE claims that are the basis for an underlying debt. The DCAO has my consent to contact all necessary agencies – including military personnel offices, military treatment facilities (MTF), TRICARE Lead Agent offices, the TRICARE Management Activity (TMA), managed care support contractors, creditors who have issued bills, even debt collection agencies if appropriate – in order to research the TRICARE claim involved. The DCAO will assist me in understanding the basis for the underlying debt. The DCAO will coordinate with TMA to provide an official determination as to the appropriate resolution of a TRICARE claim.

I acknowledge and understand that the DCAO is NOT acting as my advocate in assisting me regarding the pending debt collection action. In addition, I acknowledge that the DCAO is NOT acting as my legal representative in this matter. In the event the DCAO determines that the debt appears to be valid, I have the right to continue to challenge the correctness of the debt, including exercising my TRICARE appeal rights. I understand I have the right to seek legal assistance through my legal assistance officer or private attorney.

\_\_\_\_\_ Date: \_\_\_\_\_

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PRINTED NAME AND SOCIAL SECURITY NUMBER

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