

HQ JUSMAGTHAI

TRICARE Claim - Retiree Checklist

(January 1, 2018)

1. Applies to both **Inpatient** and **Outpatient** treatment.
2. Submit documents in **English** to avoid processing delays incurred by contracted translation.
3. **Notice:** TRICARE does **not** reimburse these frequently claimed items:
 - Private Room (unless ordered by a doctor). Itemized Bill must say **Semi-Private**. (Patient pays the full cost difference between **Semi-Private** and **Private**).
 - Private Nurse or Attendant.
 - Personal Items or Telephone Expenses.
 - Translation Service.
 - Transportation. (TRICARE only reimburses for urgent/emergent Ambulance.)
4. **May file electronically:** <http://www.tricare-overseas.com/> (International SOS)
5. Helpful Hints for these on reverse:
 - DD Form 2642 - TRICARE Medical Claim.** (Submit Original Signature)
 - Medical Certificate, OPD Report, or Medical Report.** (See #3 reverse)
 - Itemized Bills.** (Carefully read ALL instructions on both sides of the DD Form 2642!)
 - Proof of Payment.** (<http://www.jusmagthai.com/medical.html#Proof>)
 - DD Form 2527 - Possible Third-Party Liability.** (If applicable; see #5 reverse)
 - Keep a Copy!** (Send Original DD-2642, but can submit copies of other documents)

If Mailing Your Claim, Mail To:
TRICARE Overseas Program
P.O. Box 7985
Madison, WI 53707-7985

Wisconsin Physicians Service (WPS)
Claims Inquiries
1-877-451-8659

HQ JUSMAGTHAI
TRICARE Services, Room J-202
7 Sathorn Tai Rd.
Bangkok 10120 Thailand
Web: <http://www.jusmagthai.com/medical.html>

International SOS: <http://www.tricare-overseas.com/>
Email TRICARE Overseas (International SOS, Singapore): sin.tricare@internationalsos.com
Telephone TRICARE Overseas Regional Direct: +65-6339-2676 or **Toll Free:** 0018004418952

TRICARE Claim (Retirees) - Helpful Hints Guide

1. This local guide supplements official TRICARE information and covers common claims issues. Using it will help streamline your TRICARE Claims process. Please do not submit this guide with your claim.
2. **DD Form 2642 - TRICARE Medical Claim.** Closely follow all instructions! Pick one up at JUSMAG, or download/print one here: <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2642.pdf>.
 - a. **Ensure** your Name, Address, and SSN (or DoD Benefits Number (DBN)) entered on the DD Form 2642 matches the information in **DEERS** (Defense Enrollment Eligibility Reporting System), and that your **address** is in the **overseas region**. Otherwise, WPS will not process your claim, and there's no guarantee WPS will forward your claim to the correct TRICARE regional contractor. Moreover, if you have not signed up for Direct Deposit of claim reimbursement, and you wish to have a reimbursement check mailed to somewhere other than your DEERS address, make a note in the margin: "Please send reimbursement to...." Lastly, submit **original signature** DD Form 2642, not a copy.
 - b. **All** submitted documents must be **legible** and recommended to be in **ENGLISH**. Claims are often delayed, denied, or misplaced when claims processors cannot read your handwriting, especially your **Name and SSN (or DBN)**.
 - c. If you have not signed up for Direct Deposit of claim reimbursement, you **must** indicate in Block 13 if you want **payment in US\$ or Thai Baht**. If desiring reimbursement in Thai Baht (THB), check "Yes" in Block 13 and write "Thai Baht" above it. If desiring reimbursement in US Dollars (USD), check "No" in Block 13 and write "US\$" above it. THB is reimbursed by check through Citibank Thailand--ensure you are able to cash it before requesting THB! Checks are cut in the **signer's** name (Block 12a)--if spouse, attach copy of marriage certificate. For all others, see Block 12 instructions.
 - d. Don't forget to **Sign & Date!** Date must be **after** date(s) of medical service, not before.
3. **Medical Documents.** Outpatient claims require a **Medical Certificate** or **OPD Report**. Inpatient claims require a detailed **Medical Report**. Documents **must** state all medical care provided. (Read DD Form 2642!)
 - a. Patient's Name and Date.
 - b. Inpatient or Outpatient.
 - c. Complaint and Diagnosis.
 - d. Tests and Prescribed Medication (see DD 2642 instructions!).
 - e. Doctor's Name and Signature.
 - f. Name, Address & Telephone Number of the Medical Facility.
4. **Itemized Bills.** These are sometimes called **Statement Detail Report, Patient Detail Report, etc.**, and must be marked "**Paid**". Be sure to get one from your care provider. If inpatient; **must** state "Inpatient". If outpatient; not required to state "Outpatient"; it's ok. **Itemized Bills** must include: Hospital Name, Address, Telephone #, Doctor's Name, Medication (closely read DD Form 2642 "**Drugs**" section), Lab Work, X-Rays, CT Scans, MRIs and other tests. **Don't forget to include Proof of Payment!**
5. **DD Form 2527 - Possible Third Party Liability.** See DD Form 2642, Block 7 Instructions. Pick one up at JUSMAG, or download/print one here: <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2527.pdf>.
6. **Medical Care Summary Worksheet.** Optional. This [worksheet](#) is only supplemental information that may be included with the above required claims documentation. Use at your discretion.
7. While you must submit an **original signature DD Form 2642**, we highly recommend you mail photocopies of all other documents to WPS, and keep originals for your files. Either way, a copy is vital in order to compare your claim with your Explanation of Benefits (EOB). Also, if it becomes necessary to submit what is called a "**Second Submission**" or "**Tracer**" claim, a copy (and postal receipt) helps prove you submitted your original claim within the **three-year** time period of services received (outpatient); or for inpatient care, **three years** from the date of discharge. Yes, claims sometimes do go missing! Please allow up to **45 days** for reimbursement.
8. Familiarize yourself with the applicable TRICARE Plan: <https://tricare.mil/Plans/HealthPlans>.