

# HQ JUSMAG-THAI

## TRICARE Claim - Retiree Checklist

(September 1, 2011)

1. Applies to both **Inpatient** and **Outpatient** treatment.
2. Submitted documents must be in **English** to avoid processing delays.
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. International SOS: <http://www.tricare-overseas.com/> (Can file electronically!)
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!)
  - DD Form 2527 - Possible Third Party Liability.** (If applicable; see #5 reverse)
  - Medical Care Summary Worksheet.** (Optional; see #6 reverse)
  - Keep a Copy!** (Send Original DD-2642, but can submit copies of other documents)

Mail Claims To:  
**TRICARE Overseas Program**  
**P.O. Box 7985**  
**Madison, WI 53707-7985**

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

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HQ JUSMAG-THAI  
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](mailto:sin.tricare@internationalsos.com)  
**Telephone TRICARE Overseas Regional Direct:** +65-6339-2676 or **Toll Free:** 0018004418952

# TRICARE Claim – Helpful Hints Guide

1. This guide supplements the TRICARE Handbook and covers common 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 a copy from the internet here: <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2642.pdf>.

a. **Ensure** your Name, Address and SSAN 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 wish to have reimbursement 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 be in **ENGLISH**. Claims are often **delayed, denied, or misplaced**, when claims processors cannot read your handwriting, especially your **Name and SSAN**. Using a computer to help correctly complete the DD Form 2642 may be your best option.

c. You **must** indicate 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". 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, read 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 Hospital.

4. **Itemized Bills.** These are sometimes called **Statement Detail Report, Patient Detail Report, etc.** 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 a copy here: <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/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 **one-year** time period of services received (outpatient); or for inpatient care, **one year** 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 Handbook. You can view or download a copy here: <http://www.tricare.mil/tricaremart/Categories.aspx?RID=4>; or, if you're reading this on a computer, you may also click on these links: [TRICARE Overseas](#), [TRICARE Standard](#), or [TRICARE for Life](#). ~ End ~