

TRICARE Thailand - Medical Care Summary Worksheet (Combined)

Patient's Name & Sponsor's SSAN: _____

Date(s) of Service: _____

Hospital or Care Provider: _____

Attending Physician(s): _____

Diagnosis or Description of Symptoms:				
Services and Supplies Provided				Cost
Consultation Fee(s):				
Medication: Name, Dosage (injection), Strength and Quantity				
Name	Dosage	Strength	Quantity (caps, tabs, etc.)	
Lab Work: Describe each Test, X-Ray, CT, MRI, etc., and number given.				
Supplies / Other Services				
Outpatient Treatment Room				
TOTAL COST - Circle One: US\$ or THB				

Note: A completed and signed DD Form 2642 claim form, and copies of the applicable medical certificate or medical report and all itemized receipts showing payment for these services are required documentation when filing a claim with the TRICARE overseas claims processor. This checklist is only supplemental information that may be attached to the above required claims documentation. (1 Apr 08)
 Privacy Act of 1974 (amended) applies.