

## TRICARE Thailand - Medical Care Summary Worksheet (Combined)

Patient's Name & Sponsor's SSAN (or DBN): \_\_\_\_\_

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 / Radiological: 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 properly completed and signed DD Form 2642 claim form, and copies of the associated medical certificate or medical report, and all itemized receipts with proof of payment for these services are required documentation when filing a TRICARE Overseas claims. This worksheet is an optional supplement that may be included with your claim. (1 January 2018)

Privacy Act of 1974 (amended) and HIPAA applies.