Submitting TRICARE Claims for
Retirees and Their Dependents in Thailand

It's Important to Fill-Out a Claim Form Correctly
The TRICARE claims processing contractor for the overseas regions receives thousands of **claims every day. These claims are computer-processed to facilitate reimbursement for TRICARE-covered** medical procedures and services. Any mistake, **forgotten signature**, or other **missing information** can slow down your claim because the contractor may deny your claim for lack of needed information. For other common claims form issues and suggestions, please read our JUSMAGTHAI TRICARE Claim - Helpful Hints Guide. Using it will increase chances of your claim being correctly read and processed the first time.

Which Claim Form to Use
TRICARE beneficiaries complete and submit the **DD Form 2642 - TRICARE Medical Claim** form for reimbursement for care received. As a TRICARE beneficiary you may obtain a copy of this form on the Internet at: http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2642.pdf. Also, if you need to file a **DD Form 2527 - Third Party Liability** (see Block 7 below), you can find it here: http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2527.pdf. You may also obtain forms from our office or TRICARE Overseas (Pacific Area - Singapore) by email at: sin.tricare@internationalsos.com, or by phone at +65-6339-2676 -or- Toll Free: 0018004418952. You may also request a DD Form 2642 from the Defense Health Agency, 16401 E. Centretech Parkway, Aurora, CO 80011-9066.

Complete the Claim Form
It is important to provide all relevant information regarding the patient and care provided. Although not an exclusive list, the items below are highlighted as they are critical to the efficient processing of your claim. These block instructions are listed on DD Form 2642, NOV 2018:

Block 1: Patient's Name
Enter patient's last name, first name and middle initial as it appears on the military ID Card. Do not use nicknames.

Block 2: Patient's Telephone Number
Enter the patient's primary telephone number and secondary telephone number to include the area code.

Block 3: Patient's Address
Enter the complete address of the patient's place of residence at the time of service (street number, street name, apartment number, city, state, ZIP Code). Do not use a Post Office Box Number except for Rural Routes and numbers. Do not use an APO/FPO address unless the patient was actually residing overseas when care was provided.

Block 4: Patient's Relationship to Sponsor
Check the box to indicate patient's relationship to sponsor. If "Other" is checked, indicate how patient is related to the sponsor; e.g., former spouse.

Block 5: Patient's Date of Birth
Enter patient's date of birth (YYYYMMDD).

Block 6: Patient's Sex
Check the box for either male or female (patient).

Block 7: Is Patient's Condition *(X both if applicable)*
Check box to indicate if patient's condition is accident related, work related or both. If accident or work related, the patient is required to complete DD Form 2527 - "Statement of Personal Injury - Possible Third Party Liability TRICARE Management Activity". Download the form at https://tricare.mil/forms.

Block 8a: Describe Illness, Injury or Symptoms that Required Treatment, Supplies, or Medication. If an Injury, Note How It Happened. Refer to Instructions Below
Describe patient's condition for which treatment was provided, e.g., broken arm, appendicitis, eye infection. If patient's condition is the result of an injury, report how it happened, e.g., fell on stairs at work, car accident.

Block 8b: Was Patient's Care *(X one)*
Check the box to indicate where the care was given.

Block 9: Sponsor's or Former Spouse's Name
Enter the Sponsor's or Former Spouse's last name, first name and middle initial as it appears on the military ID Card. If the sponsor and patient are the same, enter "same."

Block 10: Sponsor's or Former Spouse's Social Security Number or DoD Benefits Number (DBN)
Enter the Sponsor's or Former Spouse's Social Security Number (SSN), or patient's DoD Benefits Number (DBN). NOTE: The 11-digit DBN is on the back of the military ID card. Claims cannot be processed using the 10-digit DoD ID Number on the front of the military ID card.

Block 11: Other Health Insurance Coverage
By law, you must report if the patient is covered by any other health insurance to include health coverage available through other family members. If the patient has supplemental TRICARE/CHAMPUS insurance, do not report. You must, however, report Medicare supplemental coverage. Block 11 allows space to report two insurance coverages. If there are additional insurances, report the information as required by Block 11 on a separate sheet of paper and attach to the claim.

NOTE: All other health insurances except Medicaid and TRICARE/CHAMPUS supplemental plans must pay before TRICARE/CHAMPUS will pay. With the exception of Medicaid and CHAMPUS supplemental plans, you must first submit the claim to the other health insurer and after that insurance has determined their payment, attach the other insurance Explanation of Benefits (EOB) or work sheet to this claim. *The claims processor cannot process claims until you provide the other health insurance information.*

Block 12: Signature of Patient or Authorized Person Certifies Correctness of Claim and Authorizes Release of Medical or other Insurance Information
The patient or other authorized person must sign the claim. If the patient is under 18 years old, either parent may sign unless the services are confidential and then the patient should sign the claim. If the patient is 18 years or older, but cannot sign the claim, the person who signs must be either the legal guardian, or in the absence of a legal guardian, a spouse or parent of the patient. If other than the patient, the signer should print or type his/her name in Block 12a. and sign the claim. Attach a statement to the claim giving the signer's full name and address, relationship to the patient and the reason the patient is unable to sign. Include documentation of the signer's appointment as legal guardian, or provide your statement that no legal guardian has been appointed. If a power of attorney has been issued, provide a copy.

Block 13: Overseas Claims Only: Payment in US Currency?
If this is a claim for care received overseas, indicate if you want payment in US currency.

NOTE: *If reimbursement by paper check is desired in a currency other than US$, in Block 13 check the "No" box and hand write the reimbursement currency, e.g., "Thai Baht".*

Reimbursement Currency and Method of Payment
Beneficiary reimbursement is in US dollars unless otherwise indicated on DD Form 2642, Block 13 (only some local currencies are available for payment). Effective February 12, 2015: If you sign up for Direct Deposit of claim reimbursement, the payment currency is only in US dollars.

What Goes in Along with the Claim?
Send a fully itemized bill and all receipts with your **original signature** DD Form 2642. If they are not provided to the TRICARE claims processor when needed, your claim could be denied or delayed. So, read this section very carefully. (Note: Remember to include Proof of Payment).

All attachments should be sent in with each claim, even if a claim was previously filed for similar services during the same course of treatment.

• **Fully Itemized Bills** (clearly marked "Paid")

A fully itemized bill--on the provider's stationary--that shows the cost for **each service or supply** provided.

It must show the following:

1. Doctor's or provider's name/address (the one that actually provided your care). If there is more than one provider on the bill, circle his/her name;
2. Date of each service;
3. Place of each service;
4. Description of each surgical or medical service or supply furnished;
5. Charge for each service;
6. The diagnosis should be included on the bill. If not, make sure that you've completed block 8a on the form.

Prescription Drugs: Prescription claims require the name of the patient; the name, strength, date filled, days' supply, quantity dispensed, and price of each drug; NDC for each drug if available; the prescription number of each drug; the name and address of the pharmacy; and the name and address of the prescribing physician. Billing statements showing only total charges, or canceled checks, or cash register and similar type receipts are not acceptable as itemized statements, unless the receipt provides detailed information required above.

*Bills for **prescription drugs** must be on the pharmacy's letterhead or billing form, and must also show the following:*

1. Name of the drug.
2. Strength of the drug.
3. How much of the drug you bought (the number of pills or amount of other medicine).
4. Cost of each drug (except prepaid prescription plans).
5. Prescription number and date prescription was filled (you should also include a copy of the actual prescription that was written out by your doctor).
6. Name and address of the prescribing doctor.
7. Name and address of the pharmacy.

Where to Submit Claims Forms (if mailing your claim)
Submit all documentation, and completed and signed claim form(s) to the following address:

TRICARE Overseas Program
P.O. Box 7985
Madison, WI 53707-7985 USA

> ***NOTE:*** *Claims must be submitted via mail, or electronically via the TRICARE Overseas website. Take every precaution to ensure that your claim reaches WPS.*

Timely Filing Requirements
In the United States and U.S. territories, claims must be filed within one year from the date of service, or one year from the date of discharge for inpatient care. The timely filing deadline for overseas claims is three years from the date of service. If a claim is returned for additional information, you must resubmit the claim within the timely filing deadline, or within 90 days of the notice - whichever date is later.

*** * * REMINDER * * ***

Before submitting your claim to the claims processor be sure that you have:
1. **Completed all 12 blocks on the form.** *If not signed, the claim will be returned.*
2. Verified that the sponsor's SSN is correct.
3. Attached your provider's or supplier's bill which specifically identifies the doctor/supplier that provided your care.
4. Attached an Explanation of Benefits if there is other health insurance, Medicare, or Medicare supplemental insurance.
5. Attached DD Form 2527, "Statement of Personal Injury - Possible Third Party Liability TRICARE Management Activity" if accident or work related. See instruction number 7 on reverse side.
6. Ensured that patient's name, sponsor's name and sponsor's SSN or DBN are on all attachments.
7. Made a copy of this claim and attachments for your records.
8. Included proof of payment for all out of pocket expenses/services received overseas. TRICARE accepts the following as proof of payment: A canceled check, credit card receipt, or electronic funds transfer (EFT) record showing the beneficiary paid the provider.

TRICARE Overseas Secure Web Portal. We highly encourage all eligible **beneficiaries** to register an account on International SOS' secure web portal: http://www.tricare-overseas.com/. Once you have registered, you'll be able to view patient eligibility, file claims electronically, sign up for claim payment by direct deposit (to a US bank account), review amounts paid toward deductibles, track the status of your claim, review your claims history (amount paid and EOB), and contact WPS customer service.

Registered **providers** can also **Contact Customer Service** using this secured system.

If you have any questions about processing or the status of a claim, you may call or email:

WPS Claims Customer Service	Tel: 1-877-451-8659 (USA)
TRICARE Overseas (Singapore)	Email: sin.tricare@internationalsos.com
TRICARE Overseas (Singapore)	Tel: +65-6339-2676 -or- Toll Free: 0018004418952
TRICARE Area Office-Pacific	Email: dha.ncr.health-opns.mbx.dha-tao-pacific@mail.mil
TRICARE Area Office-Pacific	Tel: +81-611-743-2036

HQ JUSMAGTHAI	Tel: 02-287-1036 Ext. 512 or 511
TRICARE Services, Room J-202	Fax: 02-287-1575
7 Sathorn Tai Rd.	Web: http://www.jusmagthai.com/medical.html
Bangkok 10120 Thailand	Retiree Walk-In Hours: Tuesday-Thursday, 0800-1100