

LABORATORY SERVICES

TRICARE Claim Checklist

LABORATORY: _____

LABORATORY Address: _____

Patient's Name: _____ Sponsor's SSN: _____

Date(s) of Service: _____

Diagnosis or Description of Symptoms. *(List all pertinent diagnosis.)*

1	
2	
3	

Name of Ordering Physician: _____

Address of Ordering Physician: _____

List each Laboratory or Radiological procedure:

Procedure (Test, X-Ray, CT, MRI, etc.)	Number & Frequency of Service	Charges*
<i>(*Charges are assumed to be in Thai Baht unless otherwise indicated.)</i>		Total Paid:

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)