

PHARMACY SERVICES
TRICARE Claim Checklist

PHARMACY: _____

PHARMACY Address: _____

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

Date(s) of Service: _____

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

1	
2	
3	
4	

List each Medication issued:

Medication	Strength or Dosage	Quantity (# pills, ML, etc.)	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)