

• JUSMAGTHAI •
TRICARE Overseas Medical Claim - *Retiree Checklist*

(January 1, 2024)

1. **Fastest Way to Get Reimbursed is to File Your Claim [Online](#) and Sign Up for [Direct Deposit](#).**
2. Applies to Both **Outpatient** and **Inpatient** Treatment. (Helpful tips on reverse.)
 - “Take-Home Medication” after Inpatient Discharge: [File a Separate Claim](#).
3. **All Claim Documentation is Legible and Produced in ENGLISH** (to avoid processing delays).
 - On Each Page: Patient’s Name. Suggested: Write Sponsor’s [SSN or DBN](#). (See #2 reverse.)
 - Mailing Address: <https://tricare.mil/FormsClaims/Claims/MedicalClaims/FilingOverseas>
4. **Important Note**: TRICARE does **not** reimburse these frequently claimed items:
 - Private Room (unless ordered by a doctor). Itemized Bill must say **Semi-Private**. (Patient pays the full cost difference between **Semi-Private** and **Private**).
 - Private Nurse or Attendant.
 - Personal Items or Telephone Expenses.
 - Translation Service.
 - Transportation. (TRICARE only reimburses for urgent/emergent Ambulance.)
5. **[DD Form 2642](#) - TRICARE Medical Claim.** (See #2 reverse.)
 - Ensure Your DD Form 2642 Personal Data matches your information in DEERS.
 - Top Right-Hand Side: Write “**Patient Paid in Full THB <Amount>**”. (If you did pay in full.)
 - Block 8a: If your doctor did not provide the diagnosis “[ICD Code](#)”, it’s ok (don’t guess).
 - **Sign and Date** your DD Form 2642! (If you forget, your claim cannot be processed.)
 - If mailing, submit **Original Signature** DD Form 2642, not a photocopy.
6. **[DD Form 2527](#) - Possible Third-Party Liability.** (If applicable, see #5 reverse.)
7. **Medical Certificate; OPD Report; [Physiotherapy Report](#); Medical Report.** (See #3 reverse.)
8. **Itemized Bills.** (Read ALL instructions on both sides of DD Form 2642; see #4 reverse.)
9. **Proof of Payment.** (Learn More: <https://www.jusmagthai.com/medical.html#Proof>)
10. **Make and Keep a Complete Copy of Your Claim for Your Records!** (See #7 reverse.)
11. **Contact WPS or TRICARE Overseas (after claim received) to check if any claim errors.**
 - Wisconsin Physicians Service (WPS) (Claims Processor): 1-877-451-8659 (USA)
 - Phone TRICARE Overseas Singapore Stateside: 1-877-678-1208 (USA)
 - Phone TRICARE Overseas Singapore Direct: +65-6339-2676 or Toll Free: 0018004418952
 - Email TRICARE Overseas (International SOS, Singapore): sin.tricare@internationalsos.com

Web: https://www.jusmagthai.com/medical.html#Claims_Medical

• TRICARE Overseas Medical Claim (Retirees) - *Helpful Tips* •

1. This local checklist and tips supplements official TRICARE information and covers common claims issues. Using this information will help your claim to be error-free. Please do not submit this guide with your claim.

2. **DD Form 2642 - TRICARE Medical Claim.** Carefully follow all instructions!

- **Ensure** your Name, Address and SSN (or DoD Benefits Number (DBN)) entered on DD Form 2642 matches your information in [DEERS](#), and that your **address** is in the **overseas region** (if you're an eligible Former Spouse use your SSN), else WPS will not process your claim and there's no certainty WPS will forward your claim to the correct TRICARE regional contractor. Further, if you have not signed up for claim reimbursement via [Direct Deposit](#) and wish to have a reimbursement check mailed to somewhere other than your DEERS address, write in the margin: "Please send reimbursement to ____".
- **All** claim documents must be **readable**, and recommend all be in **ENGLISH**. Claims are often delayed, denied or "misplaced" when claims processors cannot read illegible handwriting, especially your **Name** and **SSN** (or **DBN** on the back of your military ID card; **do not** use the 'DoD ID Number').
- If you have not yet signed up for claim reimbursement via Direct Deposit, you **must** indicate in Block 13 if you want **payment** in **US\$** or **Thai Baht**. If desiring reimbursement in Thai Baht (THB), check "No" in Block 13 and write "Thai Baht" above it. If desiring reimbursement in U.S. Dollars (USD), check "Yes" in Block 13 and write "US\$" above it. THB is reimbursed by check through Citibank Thailand – **ensure you are able to cash it before requesting THB!** Checks are cut in the **signer's** name (Block 12a); if spouse, attach copy of marriage certificate. For all others, see Block 12 instructions.
- **Don't forget to Sign & Date!** Date must be **on or after** date(s) of medical service, not before.

3. **Medical Documentation.** Inpatient claims require a detailed **Medical Report**. Outpatient claims require a **Medical Certificate** or **Outpatient Dept. (OPD) Report**, or a **Medical Report**. If you had physical therapy, a [Physiotherapy Report](#) is required. Documents **must** state all medical care provided. (Read the DD-2642!)

- Patient's Name and Date.
- Inpatient or Outpatient.
- Complaint and Diagnosis.
- Tests and Prescribed Medication (see DD Form 2642 instructions!).
- Doctor's Name and Signature.
- Name, Address and Telephone Number of the Medical Facility.

4. **Itemized Bills.** These are sometimes called **Statement Detail Report, Patient Detail Report, etc.**, and must be marked "**Paid**". Be sure to get one from your care provider. If inpatient, **must** state "Inpatient". If outpatient, not required to state "Outpatient"; it's ok. **Itemized Bills** must include: Hospital Name, Address, Telephone #, Doctor's Name, Medication (closely read DD Form 2642 "**Drugs**" section), Lab Work, X-rays, CT scans, MRIs and other tests. **Don't forget to include [Proof of Payment](#)!**

5. **DD Form 2527 - Possible Third-Party Liability.** See DD Form 2642, Block 7 Instructions.

6. **Medical Care Summary Worksheet.** Optional. For claim clarity, this [worksheet](#) is just supplemental information you may include with the required claims documentation. Use at your discretion.

7. **Keep a Copy!** **Keep a full copy of your claim** to compare with your Explanation of Benefits (EOB). If it becomes necessary to file what is called a "**Second Submission**" or "**Tracer**" claim, a copy of your original claim (with postal receipt for mailed claims) helps to prove you filed it within the **three-year** time period from outpatient services received, or **three years** from date of inpatient discharge. **Mailed Claims:** Submit your **original signature DD Form 2642** (keep a copy). For all other claim documents, we recommend you submit copies to WPS and keep the originals for your files. Allow up to **60 days** reimbursement for mailed claims.

8. Familiarize yourself with your TRICARE Plan: <https://tricare.mil/Plans/HealthPlans>.