

How to Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills Defense Health Agency Great Lakes (DHA-GL)

Who this is for Active duty, National Guard, and Reservist

Purpose This topic explains how an eligible member can get reimbursed for authorized medical care that was pre-paid out-of-pocket.

Eligibility Active duty, National Guard and Reservist who pre-pay for authorized medical care or out-of-pocket costs must meet the following eligibility criteria:

If ...	Then on date of care/bill, MUST ...
Active Duty	Be eligible in Defense Enrollment Eligibility Reporting System (DEERS), and enrolled to the appropriate Primary Care Manager. <u>Note:</u> Errors in the DEERS database can cause problems with TRICARE claims, so it is critical to maintain your DEERS information. See “DEERS Enrollment” section below.
National Guard or Reservist	Have a service endorsed Line of Duty (LOD) on file at Defense Health Agency Great Lakes (DHA-GL) for the illness or injury.

Note: To be reimbursed all health care must be a covered benefit or medically necessary.

Reimbursement for Medical Bills

Reimbursement Process Follow these steps to submit a request for reimbursed for pre-paid medical bills:

Step	What Happens
1	Member completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment, DD Form 2642
2	<p>Forward the DD Form 2642, bill, and proof of payment (i.e. copy of paid receipt, cancelled check, credit card statement, etc.) to the appropriate Managed Care Contractor for your region as follows:</p> <p>North Region: Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 1-877-874-2273 My TRICARE www.mytricare.com</p> <hr/> <p>South Region: Humana Military TRICARE South Region P. O. Box 7031 Camden, SC 29020-7031 1-800-403-3950 My TRICARE www.mytricare.com</p> <hr/> <p>West Region: TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 1-877-988-9378 United Healthcare Military www.uhcmilitarywest.com</p>

Results and Follow-up When the appropriate documentation is received and processed by the Regional Managed Care Contractor a payment decision will be reflected on an Explanation of Benefits (EOB), normally within 30 working days of receipt.

Reimbursement for Medical Bills

Websites and References [TRICARE Resources Medical Claims](#)
<http://www.tricare.mil/Resources/Claims/MedicalClaims.aspx>
TRICARE Operations Manual, chapter 19, Sections 1.4.1 and 3.8.3.

DEERS Enrollment Follow one of the steps below to update your information in [DEERS](#):

In person	Go to the nearest military personnel office or uniformed services ID card-issuing facility
Online	DEERS Website https://www.dmdc.osd.mil/milconnect/
By Mail	Defense Manpower Data Center Support Office Attention: COA 400 Gigling Road Seaside, CA 93955-6771
Fax	DEERS 831-655-8317
Phone	800-538-9552 Monday-Friday, 6 a.m. to 3:30 p.m. PST

Point of Contact If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

Privacy Act Statement: This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.