



# One-Time Credit Card Payment Request Form

Please type or print all entries.

Coverage:  Prime  TRS (TRICARE Reserve Select)  TRR (TRICARE Retired Reserve)  TYA (TRICARE Young Adult)

Sponsor Name: Last First M.I. Sponsor SSN or DBN

Beneficiary Name: Last First M.I. Beneficiary SSN or ID

Home Address: Street Apt. No. City State ZIP Code

### Step 1: Please provide your credit card information below.

**One-Time Credit Card Payment:** Information submitted with this payment request form will be used for a one-time credit card charge payable to UnitedHealthcare Military & Veterans. This information will not be retained for any additional use.

Please check one:  Visa  MasterCard  Discover charges will appear as "UnitedHealthcare" on your credit card statement

Name of Card Holder 16 Digit Credit Card Number Expiration Date (MM/YYYY)

### Step 2: Please provide the payment amount requested below.

\$ \_\_\_\_\_

### Step 3: Authorize this request with your signature and return by mail or fax.

My signature authorizes UnitedHealthcare Military & Veterans to charge my credit card a one-time payment for the amount indicated above. I understand that a \$20 administrative fee will be assessed for any payments returned due to insufficient or unavailable funds.

Authorized Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this form to:**  
UnitedHealthcare Military & Veterans  
TRICARE West Region Enrollment Department  
P.O. Box 105492  
Atlanta, GA 30348-5492

**or Fax this form to:**  
1-877-890-7297

**THANK YOU FOR YOUR SERVICE!**

### Would you enjoy having one less thing to worry about?

Let us help. Enroll today in our automatic **Electronic Funds Transfer (EFT) payment option.**

EFT payments are a secure and convenient way to pay your TRICARE premiums. Signing up is easy. Visit our web site at [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com) and download the Electronic Payment Authorization form to begin. You can also call us at 1-877-988-9378(WEST) for assistance.

Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as "official use only."

**TRICARE West Region Customer Service: 1-877-988-9378(WEST) - [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)**  
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### **Privacy Act Statement**

This statement serves to inform you of the purpose for collecting personal information required by the UnitedHealthcare Military & Veterans Information System and how it will be used.

<b>AUTHORITY:</b>	10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended.
<b>PURPOSE:</b>	To collect information from you in order to manage your TRICARE enrollment, provide your benefits, and/or pay for those services.
<b>ROUTINE USES:</b>	<p>Your records may be disclosed to investigate waste, fraud, abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may also occur in accordance with the DoD Blanket Routine Uses published at <a href="http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html">http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html</a> and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).</p> <p>Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.</p>
<b>DISCLOSURE:</b>	Voluntary. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process your request.