

## Military hospital/clinic request to reverse payment determination for processed Service member claims

In accordance with TRICARE Operations Manual, Chapter 17, Section 3, Paragraph 1.2.1, claims received for military hospitals and clinics enrolled Service members without a matching referral/ authorization shall be pended, and the contractor shall contact the military hospital or clinic to which the Service member is enrolled for retroactive approval to allow the claim (except for care provided by the DVA under the current national MOA for SCI, TBI, and Blind Rehabilitation). If the contractor does not receive the military hospital or clinic's response within the allotted number of working days, the contractor shall be considered the claim authorized as "Referred Care" due to a lack of response from the military hospital or clinic.

The military hospital or clinic designees authorized to provide Service member claim payment direction may, by use of this form, request to overturn previous payment determination(s), resulting in either a payment or recoupment of previously processed Service member claims in the West Region. Services not covered under TRICARE policy may be authorized for Service members only in accordance with the terms of an approved SHCP waiver.

Claim Number	Recoup/Pay	Reason for Reversal (use separate sheet to list additional claims or for additional comments)

**DMIS ID/Military Hospital/Clinic Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Authorized Designee Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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