

TRICARE West Region  
160 Dozier Blvd  
Florence, SC 29502  
Attention: FC-3H3  
Fax: 843-664-0918



## REQUEST FOR REIMBURSEMENT OF TRICARE HOSPICE CAP AMOUNT

**CAP PERIOD ENDED – OCTOBER 31, 2018**

Hospice Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

\_\_\_\_\_ 1. Number of TRICARE beneficiaries electing hospice care during the period from 09/28/17 through 09/27/18.

\_\_\_\_\_ 2. Total payment received and receivable for the cap period from 11/01/17 through 10/31/18 for services furnished to TRICARE beneficiaries during the cap period, including employed physician's services not of an administrative and/or general supervisory nature.

\_\_\_\_\_ 3. Total reimbursement received and receivable for general inpatient care and inpatient respite care furnished to TRICARE beneficiaries for the period from 11/01/17 through 10/31/18.

\_\_\_\_\_ 4. Aggregate number of TRICARE inpatient days for both general inpatient care and inpatient respite care for the period from 11/01/17 through 10/31/18.

\_\_\_\_\_ 4a. Aggregate number of TRICARE routine days for the period from 11/01/17 through 10/31/18.

\_\_\_\_\_ 4b. Aggregate number of TRICARE continuous home care hours for the period 11/01/17 through 10/31/18.

\_\_\_\_\_ 5. Aggregate total number of days of hospice care provided to all TRICARE beneficiaries for the period from 11/01/17 through 10/31/18.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE