

**HOW TO FILE
A TRICARE
SUPPLEMENT CLAIM**



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HOW TO FILE A TRICARE/CHAMPVA SUPPLEMENT CLAIM

Filing your TRICARE Supplement claim will depend on whether or not you have selected a participating or non-participating doctor, and, if that provider will or will not file your supplemental claim for you.

Your TRICARE Supplement Plan pays secondary to TRICARE. Therefore, your claims for medical expenses must be submitted to TRICARE for primary processing. After processing your claim, TRICARE will send you (and your provider, if benefits were assigned) and Explanation of Benefit Statement (EOB). The TRICARE EOB shows the name of the service provider, date of service, billed amount, TRICARE Allowed Amount, payment, deductible and cost share amounts.

To obtain your supplement benefits, a claim should be submitted to Selman & Company either by you or your medical provider (doctor, lab, hospital, ambulance, etc.) Your claim must include the TRICARE EOB.

WHEN THE PROVIDER FILES THE CLAIM FOR YOU

Claim submission **MUST** include the following:

- a) a claim form¹ (completed and signed),
- b) a copy of the provider's bill showing the diagnosis, provider's name, address and Tax Identification number,
- c) a copy of the corresponding TRICARE EOB.

When we receive only the claim form and the itemized bill from either you or the provider, we will acknowledge our receipt of these items and advise you and your provider (if benefits are assigned to the provider) that processing of the claim will be delayed pending receipt of the TRICARE EOB.

WHEN YOU FILE THE TRICARE SUPPLEMENT CLAIM

All of the above steps are followed except you are mailing to us, (1) itemized bill with diagnosis, (2) the completed claim form¹, and (3) a copy of the corresponding TRICARE EOB.

FILING A CLAIM FOR PRESCRIPTION DRUG EXPENSES

Claims for prescription drug expenses should include either:

1. prescription drug copayment receipt (not the cash register receipt), or
2. a printout of your prescription copayments from your pharmacy, or
3. a copy of your TRICARE/CHAMPVA EOB.

Please note that the prescription drug copayment receipt should show the name of the drug, prescribing physician's name, date prescription was filled and the copayment amount.

FOR PRIME SUPPLEMENT CLAIMS

If you are enrolled in TRICARE Prime, you may submit your completed claim form and copayment receipts for reimbursement. The copayment receipts must include the provider's name, date of service and copayment amount. When services are obtained under the TRICARE Point of Service (POS) option, the corresponding TRICARE EOB is required.

ALWAYS WRITE YOUR MEMBER IDENTIFICATION NUMBER ON EACH PAGE OF YOUR CLAIM.

The member ID Number is the six to ten digit number located on your ID card.

If you would like claim benefits payment to be made to your provider, please write “**Pay Provider**” on the claim.

WHEN THERE IS DELAY - THE EXPLANATION OF BENEFITS (EOB)

Many claimants mistakenly believe that a request for additional information equates to a claim denial. This is not the case. There is a difference between a claim delay and a claim denial.

How to tell if a claim is delayed or denied? From the Selman & Company EOB, refer to the “Remarks” column. The code number in the remarks column corresponds to an explanation on the reverse side of the Selman & Company EOB.

A *denial* occurs when a claim is filed and the charges incurred are specifically excluded by the supplemental policy. For example, a supplemental claim will be denied if TRICARE/CHAMPVA denies it as not being a covered service.

A *delay* occurs when an incomplete claim is filed and additional information is required, whether from the claimant, or the provider of care.

For example, a common reason for delay in claim processing is the failure to submit the TRICARE EOB. In most cases, supplemental claim cannot be processed without the TRICARE EOB. If a claim cannot be processed for this reason, we will request the TRICARE EOB from you or your provider (if benefits were assigned to the provider). As indicated above, refer to the EOB you will receive from us. A request for the TRICARE/CHAMPVA EOB will be indicated in the “Remark” column with language that may state:

Please furnish us with a copy of the Explanation of Benefits for the payment by TRICARE/CHAMPVA so that we can determine our liability.

We hope this explanation helps you to better understand the claim processing procedure. Call our toll-free number, 1-800-638-2610, with any questions. If it is necessary to leave a message, please provide your Member ID number, name and telephone number so that your call can be returned.

¹Claim forms may be downloaded from ASI's website at www.asicorporation.com

