

Chapter 8

Claims Processing Procedures

| Section/Addendum | Subject/Addendum Title |
|------------------|--|
| 1 | General |
| 2 | Jurisdiction |
| 3 | Claims Filing Deadline |
| 4 | Signature Requirements |
| 5 | Referrals/Preauthorizations/Authorizations |
| 6 | Claim Development |
| 7 | Application Of Deductible And Cost-Sharing |
| 8 | Explanation Of Benefits (EOB) |
| 9 | Duplicate Payment Prevention |
| A | Figures |
| Figure 8.A-1 | Department of Defense (DoD) Document (DD) Form 2642 |
| Figure 8.A-2 | Provider's Notarized Facsimile Or Stamp Signature Authorization |
| Figure 8.A-3 | Provider's Notarized Signature Authorization |
| Figure 8.A-4 | Abortion Denial Notice To The Beneficiary And Participating Provider |

