

Figures

Revision:

FIGURE 24.30-1 OVERSEAS PHARMACY PROVIDER NOTICE LETTER (SAMPLE)

(Provider Name)

(Provider Street Address)

(Provider City, State and Zip Code)

Dear **(Provider Name)**:

The Department of Defense, through Defense Health Agency (DHA), is responsible for appropriate cost containment for services provided to TRICARE beneficiaries. One particular area of concern has been the costs billed for prescription drugs. In an effort to establish a Uniformed Military Services drug benefit and claim processing requirement for all TRICARE eligibles, the Deputy Director, DHA, has determined that pharmacy claims submitted for services outside the United States (U.S.) must be reimbursed in accordance with the reimbursement formulas for TRICARE U.S. claims as established under the Code of Federal Regulations (CFR).

This letter notifies you that effective 60 days from date on this letter, **(Date)**, overseas pharmacy claims submitted will be processed in accordance with the reimbursement formulas for TRICARE claims in the U.S. which are from a schedule of allowable charges based on the Average Wholesale Price (AWP) rates plus \$3.00 administration fee. Should you have any questions regarding this requirement, please write me at **(Contractor Mailing Address)**.

Sincerely,

(Contractor Name)

(Contractor Title)

FIGURE 24.30-2 TRICARE OVERSEAS PROGRAM (TOP) CONTRACTOR PROVIDER CERTIFICATION REQUEST LETTER



(Sample Philippine Contractor Provider Certification Request Letter)

Dear Provider:

(TOP Contractor Name), your TRICARE claims processor has received a claim for services provided by you.

You are not currently listed with us as a TRICARE authorized/credentialed provider. To complete processing of your claim, you must request to be an authorized/credentialed TRICARE provider. So that we may complete the processing of your claim, please complete the attached TRICARE Provider Application including copies of your current license(s). Unless we receive the requested license(s)/credentials the claim will be denied.

Please return the completed application with copies of your license(s)/credentials to:

(Contractor's Name and Address)

Sincerely,

(Contractor's Name)

- END -