

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. AGENCY/SUBAGENCY ORIGINATING REQUEST DoD, TRICARE Management Activity Medical Benefits & Reimbursement Systems Aurora, CO 80011-9043		2. OMB CONTROL NUMBER a. 0720 - 0020 <input type="checkbox"/> b. NONE <input type="checkbox"/>																																			
3. TYPE OF INFORMATION COLLECTION (X one) <i>(For b. - f., note Item A2 of Supporting Statement instructions)</i> <ul style="list-style-type: none"> <input type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input checked="" type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER 		4. TYPE OF REVIEW REQUESTED (X one) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> c. DELEGATED 																																			
7. TITLE Application for TRICARE-Provider Status: Corporation Services Provider		5. SMALL ENTITIES Will this information collection have a significant economic impact on a substantial number of small entities? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																			
8. AGENCY FORM NUMBER(S) (if applicable)		6. REQUESTED EXPIRATION DATE <ul style="list-style-type: none"> <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: <u> </u> 																																			
9. KEYWORDS Health Care, Health Insurance																																					
10. ABSTRACT The information collection requirement is necessary to ensure that applicants for TRICARE-Provider Status meet the conditions for authorization as a TRICARE Corporation Services Provider. The collected information will be used by TRICARE contractors to process claims and verify authorization status.																																					
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") <ul style="list-style-type: none"> <input type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input checked="" type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input checked="" type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> d. FARMS <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT 		12. OBLIGATION TO RESPOND (X one) <ul style="list-style-type: none"> <input type="checkbox"/> a. VOLUNTARY <input checked="" type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY 																																			
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. NUMBER OF RESPONDENTS</td><td style="text-align: center;">200</td></tr> <tr><td>b. TOTAL ANNUAL RESPONSES</td><td style="text-align: center;">200</td></tr> <tr><td>(1) Percentage of these responses collected electronically</td><td style="text-align: center;">%</td></tr> <tr><td>c. TOTAL ANNUAL HOURS REQUESTED</td><td style="text-align: center;">200</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: center;">0</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: center;">200</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td style="text-align: center;">200</td></tr> <tr><td> (1) Program change (+, -)</td><td style="text-align: center;">0</td></tr> <tr><td> (2) Adjustment (+, -)</td><td style="text-align: center;">0</td></tr> </table>		a. NUMBER OF RESPONDENTS	200	b. TOTAL ANNUAL RESPONSES	200	(1) Percentage of these responses collected electronically	%	c. TOTAL ANNUAL HOURS REQUESTED	200	d. CURRENT OMB INVENTORY	0	e. DIFFERENCE (+, -)	200	f. EXPLANATION OF DIFFERENCE:	200	(1) Program change (+, -)	0	(2) Adjustment (+, -)	0	14. ANNUALIZED COST TO RESPONDENTS (in thousands of dollars) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. TOTAL CAPITAL/STARTUP COSTS</td><td style="text-align: center;">\$0.00</td></tr> <tr><td>b. TOTAL ANNUAL COSTS (O&M)</td><td style="text-align: center;">0.00</td></tr> <tr><td>c. TOTAL ANNUALIZED COST REQUESTED</td><td style="text-align: center;">0.00</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: center;">0.00</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: center;">0.00</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td style="text-align: center;">0.00</td></tr> <tr><td> (1) Program change (+, -)</td><td style="text-align: center;">0.00</td></tr> <tr><td> (2) Adjustment (+, -)</td><td style="text-align: center;">0.00</td></tr> </table>		a. TOTAL CAPITAL/STARTUP COSTS	\$0.00	b. TOTAL ANNUAL COSTS (O&M)	0.00	c. TOTAL ANNUALIZED COST REQUESTED	0.00	d. CURRENT OMB INVENTORY	0.00	e. DIFFERENCE (+, -)	0.00	f. EXPLANATION OF DIFFERENCE:	0.00	(1) Program change (+, -)	0.00	(2) Adjustment (+, -)	0.00
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15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") <ul style="list-style-type: none"> <input checked="" type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> d. AUDIT <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> f. RESEARCH <input checked="" type="checkbox"/> g. REGULATORY OR COMPLIANCE 		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="" type="checkbox"/> c. REPORTING <ul style="list-style-type: none"> (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly <input type="checkbox"/> (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (specify) <u> </u> 																																			
17. STATISTICAL METHODS Does this information collection employ statistical methods? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. AGENCY CONTACT (Person who can best answer questions regarding the contents of this submission) <ul style="list-style-type: none"> a. NAME (Last, First, Middle Initial) David E. Bennett <i>David E. Bennett</i> b. TELEPHONE NUMBER (include area code) (303) 676-3594 																																			

OMB CONTROL NUMBER 0720 - 0020	TITLE Application for TRICARE-Provider Status: Corporation Services Provider
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION (Internal DoD Use Only)

(1) Signature

Kim L. Frazer for Dr. Michael Peterson (2) Date *9/28/06*

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

(1) Signature

Patricia L. Lippings, DoD Clearance Officer

(2) Date

09/29/2006