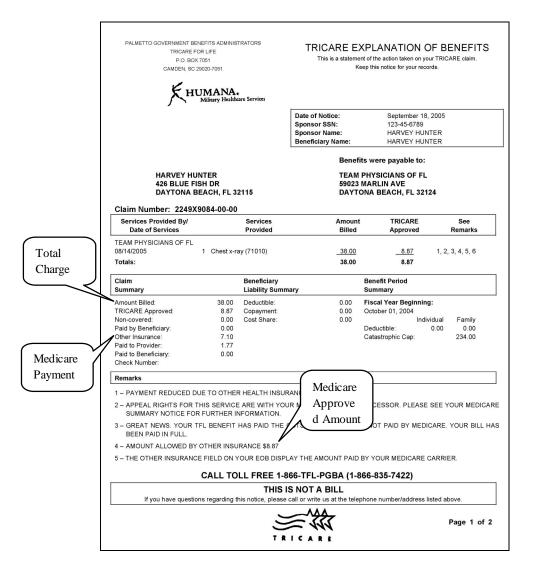
The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology. In some cases due to size or complexity, we were not able to make files fully accessible using assistive technology. Persons with disabilities experiencing problems accessing portions of any file should contact eRDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

EJEMPLOS DE ESTADOS DE CUENTA TRICARE

Ejemplo 1: Beneficios de Administradores del Gobierno de Palmetto



ST2 TRICARE STATEMENT EXAMPLES

(continuación)

Ejemplo 2: TRICARE Sureste

TRICARE SUMMARY TRICARE EXPLANATION OF BENEFITS PAYMENT VOUCHER Administered by: Health Net Federal Services, Inc. B119602845 C5 This is a statement of the action taken on your TRICARE claim. Keep this notice for your records. If you have any questions regarding your claim P.O. BOX 8997 payment please call the appropriate number: MADISON, WI 53707-8997 1-800-406-2832 Beneficiaries: Providers: 1-800-406-2833 PAGE 1 OF 1 BETTY SMITH 3249 E. COURT ST BAPTIST HEALTH MED CTR - HE DALLAS, TX 75001 07/26/05 All communications regarding these claims must reference the above check number THIS IS NOT A BILL SPONSOR NO 123456789 PATIENT ACC # 000000 SPONSOR CHARLES S Total PATIENT NAME CLAIM NO Charge BETTY SMITH 2453967 19 32 Medicare PROVIDER DATES MOD WED CODE PROC NO TYP BILLED BAPTIST HEA 5/09/05 250 01 01 22.50 08.01 003 Approve BAPTIST HEA 5/09/05 66821 LT 01 OC 950.00 456.00 003 d Amount 972.50 466.80 TOTAL OTHER -OTHER REDUCTION REDUCTION PAID BY INS. ALLOWED INS. PAID AMOUNT PATIENT DAYS 0 0.00 0.00 272 30 0.00 COST-SHARE/ TOTAL INTEREST NET Medicare DEDUCT COPAYMENT PAYABLE PAID PAYMENT 0.00 0.00 194.50 0.00 194.50 Payment REMARKS PAYMENT HAS BEEN MADE TO THE PROVIDER OF CARE. \$9.00 HAS BEEN ACCUMULATED TOWARD THE CHAMPUS FISCAL YEAR CATASTROPHIC CAP OF \$3,000.00 FOR THE FISCAL YEAR '04. ACCUMULATED INDIVIDUAL DEDUCTIBLE FOR FISCAL YEAR '04 IS \$0.00. ACCUMULATED FAMILY DEDUCTIBLE FOR FISCAL YEAR '04 IS \$0.00. **CODE 003** DETERMINATION. YOU HAVE THE RIGHT IF YOU ARE NOT SATISFIED WITH OUR TO REQUEST A REVIEW WITHIN 90 DAYS OF THE DATE OF THIS NOTICE. SEE ITEM FIVE ON REVERSE OF PAGE 1 VOUCHER SUMMARY TOTAL PAYABLE NET PAYMENT 194.50 194 50 **Health Net** Federal Sen

Ejemplo 3: Administración WPS TRICARE

