Survey Instrument - Assistance Reporting Tool (ART) Screenshots

Header (appears on every tab)

OMB control number: 0720-0060

Expiration: xx-xx-xxxx

Thursday, 10/25/2012 12:10:29 PM, Session Time Remaining:

119:10

Welcome, Lennya Bonivento (GOV-CIV)

Advanced Search

CASES

REPORTS

SEARCH

SSN, Case #, DBN, or Last Name

All Cases ≤ 1 yr

Footer (appears on every tab)

You have 60 days left before you have to change your password. Change Password.

Assistance Reporting Tool

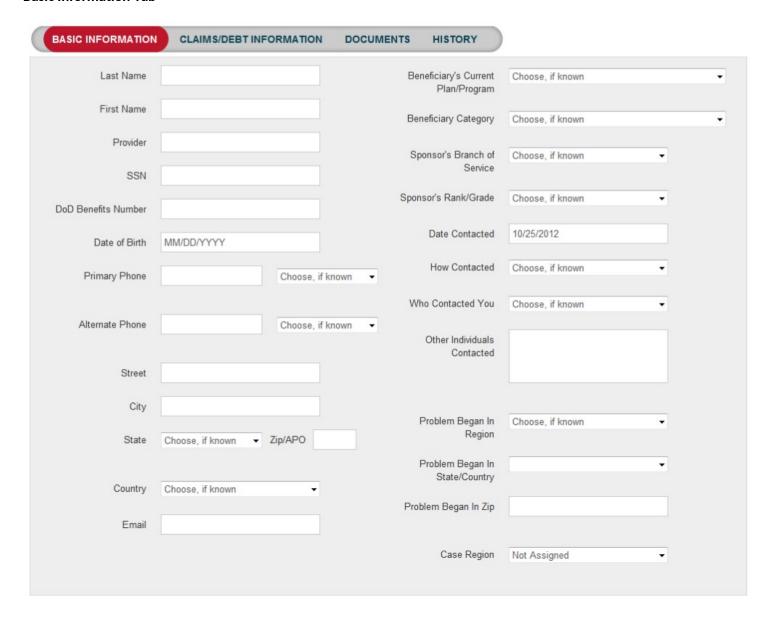
BCAC & DCAO Portal

niformed Services (CHAMPUS; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; E.O. 9397 (SSN), as ame struction 6015.23, October 30, 2002.

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information, 0720-0060 is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Basic Information Tab



Claims/Debt Information Tab

BASIC INFORMATION	CLAIMS/DEBT INFORMATION	DOCUMENTS	HISTORY
Claim Information			
Date Claim Processed	MM/DD/YYYY		
Claim Number			
Date of Service	MM/DD/YYYY		
Services Provided By			
Provider Number		-Select-	•
Amount Billed		-Select-	•
Amount in Question		-Select-	-
Debt Collection In	formation		
Collection Agency Name			
Collection Agency POC			
Collection Agency Number		-Select-	•
Collection Agency Acct/Ref Number			
Misc. Costs (atty. fees, interest, etc)			
Case Findings Beneficiary Owes		Salast	
Deficilitiary Owes		-Select-	•
TRICARE Owes		-Select-	•
Devide Wite Of		0.11	
Provider Write-Off Amount		-Select-	•

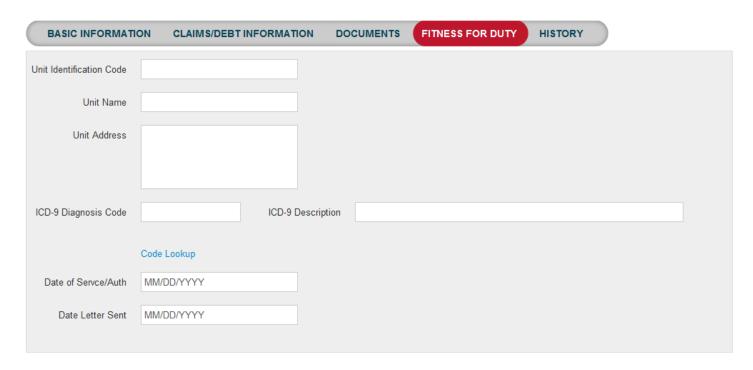
Documents Tab

BASIC INFORMATION	CLAIMS/DEBT INFORMATION	DOCUMENTS	HISTORY
Upload		Scar	n
* Maximum document size is	20 MB	Sc	an a Document
Select the Document	Browse		
Document Name			
Description			
		Upload	

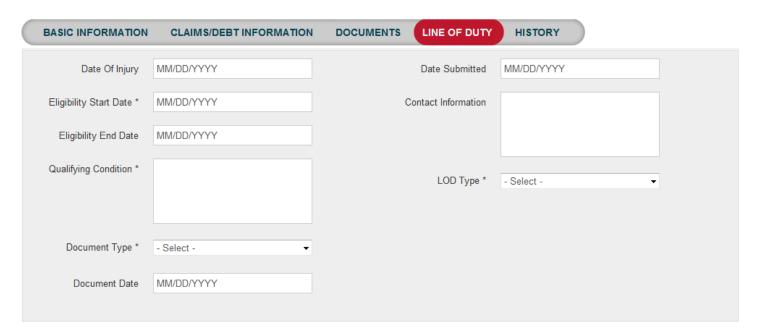
Pre-authorization Tab

BASIC INFORMATION	CLAIMS/DEBT INFORMATION	DOCUMENTS	PRE-AUTHORIZ	ZATION	HISTORY	
Pre-Auth Number			Specific Site			
Received	10/25/2012		Tracking	☐ TBI		
Auth Start Date *	MM/DD/YYYY			□ Blind	D. I I.O.	
Auth End Date *	MM/DD/YYYY			Comb	Related Care at Related Care	
Category *	C Inpatient C Outpatient			☐ CBWI	ΓU Related Care	
Admit Date	MM/DD/YYYY		FFD Notification	П		
Discharge Date	MM/DD/YYYY		Absent Sick Date	MM/DD/Y	YYY	
Source of Care *	Civilian ▼		Absent Sick MTF			
Provider						
Facility						
Auth Status *	- Select - ▼					
ICD-9 Code *	ICD-9	Description				
	Code Lookup					
CPT/HCPCS *		CPT/HCPCS Description			Add Another I	CD-9 Diagnosis
Denied Not Covered Service	П					
					Add Another CP	T/HCPCS Code

Fitness for Duty Tab



Line of Duty Tab



Transitional Care for Service-related Conditions (1637) Tab

