

TRICARE noncovered services waiver

Date: _____
Sponsor name: _____ Sponsor ID: _____
Patient name: _____ Patient ID: _____

Excluded or excludable service request and agreement

Procedure: _____ Approximate cost: _____
Diagnosis: _____ Date of service: _____
Provider name: _____ TIN: _____
Address: _____
Physician signature: _____

I hereby affirm that I have been informed and I understand that these services are excluded or excludable under the TRICARE program and therefore all costs associated with these services are not an allowable expense under the TRICARE program. By signing the TRICARE noncovered services waiver, I am hereby agreeing in advance, in writing, to accept full financial responsibility for all costs associated with the noncovered medical services, described in this document and performed by the named TRICARE Network Provider.

Patient signature: _____ Date: _____
Beneficiary's or legal guardian's signature: _____ Date: _____
Witness signature: _____ Date: _____

TRICARE Operations Manual 6010.56-M, February 2008, chapter 5, section 1

2.5.1. A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e. the beneficiary will be held harmless) except as follows:

- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary, the provider may bill the beneficiary for services provided.
- If the beneficiary was informed that the services were excluded or excludable and he/she agreed in advance in writing to pay for the services, the provider may bill the beneficiary. An agreement to pay must be evidenced by the written consent of the beneficiary to pay for the excluded services. General release of responsibility to pay, such as those signed by the beneficiary at the time of admission, are not evidence that the beneficiary knew specific services were excluded or excludable.
- If the beneficiary has been notified, in writing, that the service would not be covered for any reason.

For a list of excluded or excludable services refer to:

TRICARE Policy Manual 6010.57-M, February 2008
Issue date: June 1, 1999 authority: 32 CFR 199.4(g)
TRICARE is a Department of Defense program administered by Humana Military

