

TRICARE Claims Worksheet

Print out to assist in processing on TRICARE claims portal. Recommend completing and submitting to prevent any confusion with provider name and address on medical bills .

1. Provider's Full Name and Address on the Invoice Bil (including country):

2. Diagnosis/Description of Illness, Injury, or Symptom:

3. Start and End Dates of Medical Care:

4. Total Amount Billed and Currency:

5. Total Amount Paid and Currency