



TRICARE Other Health Insurance (OHI) Questionnaire

Update your Other Health Information at www.myTRICARE.com to minimize any delay in processing claims.

If you prefer you can fax a completed form to: 1-888-237-6262 or mail a completed form to: TRICARE North, PO Box 870159, Surfside Beach, SC 29587-9759.

Section I: Personal Information

TRICARE Sponsor's Name: _____ TRICARE Sponsor's SSN: _____

Section II: OHI Information

Policy Holder's Name and SSN (if different from above): _____

OHI Company Name: _____ State: _____

OHI Phone Number: _____ OHI Policy, Group or Plan#: _____

OHI Coverage Effective Date: ____/____/____ OHI Coverage Termination Date: ____/____/____

Is the Coverage an HMO/PPO plan? Yes No

Type of Coverage: Group Individual Medicare Supplemental Medicaid

Indicate if the policy covers the following: Pharmacy Dental Mental Health Vision

Please list all individuals covered by this policy, indicating effective or termination dates if different from the date(s) above.

Name	Date of Birth	Effective Date	Termination Date
_____	____/____/____	____/____/____	____/____/____
_____	____/____/____	____/____/____	____/____/____
_____	____/____/____	____/____/____	____/____/____

Section III: Authorization

The statements made above are true and correct to the best of my knowledge. I understand that federal laws 18 U.S.C. 287 and 1001 provide for criminal penalties for submitting knowingly or making any false, fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department of agency of the United States. I further understand that copies of the laws cited may be obtained from Uniformed Services legal offices, public libraries and many Health Benefit Advisors.

Signature Date Phone Number

PRIVACY ACT 1) Authority: 5 USC 552a; 10 USC 1079, 1086; 58 FR 45318; 32 CFR 199.7. 2) Purpose: To evaluate for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE program. 3) Uses: Information from claims forms and related documents may be given to the Department of Health and Human Services and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions; and to Congressional Offices in response to inquiries made on the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state local and foreign government agencies, private business entities and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE program. 4) Disclosure: Voluntary, however, failure to provide information may result in a delay or denial of claims for medical services, or may result in the TRICARE beneficiary not receiving maximum benefits from their health coverage.



Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the PGBA, LLC (PGBA) and how it will be used.

AUTHORITY:	10 U.S.C. Chapter 55, Medical and Dental Care; 38 U.S.C. Chapter 17, Hospital, Nursing Home, Domiciliary, and Medical Care; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; 32 CFR 199.17, TRICARE Program; and E.O. 9397 (SSN), as amended.
PURPOSE:	To provide eligibility, enrollment, deductibles, catastrophic caps, claims processing, and customer service to individuals eligible for TRICARE benefits.
ROUTINE USES:	In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Department of Veterans Affairs, the Department of Health and Human Services, the Department of Homeland Security, and to other federal, state, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.
DISCLOSURE:	Voluntary. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays.