



## TRICARE Beneficiary Liability Form (Waiver of Non-Covered Services)

Active Duty Service Members Cannot Waive or be Billed for Non-Covered Services

This waiver allows a network (contracted) provider to collect billed charges for services denied as 'non-covered' (not a TRICARE benefit) from a TRICARE beneficiary when the beneficiary has agreed, in writing, to waive his or her balance-billing protection.

I, Mary Smith, the TRICARE beneficiary, hereby agree to pay the full billed charge(s) for the following service(s) if such service is subsequently denied as non-covered (not a TRICARE benefit) regardless of the fact the TRICARE program will not make payment:

Date: 12/11/07 Service (Code): L3030 [Estimated] Billed Charge: \$200

Date: \_\_\_\_\_ Service (Code): \_\_\_\_\_ [Estimated] Billed Charge: \_\_\_\_\_

Date: \_\_\_\_\_ Service (Code): \_\_\_\_\_ [Estimated] Billed Charge: \_\_\_\_\_

TOTAL [ESTIMATED] BILLED CHARGES: \$200

**Note:** This waiver applies to any and all TRICARE non-covered services indicated above rendered by this provider, including, but not limited to office visits, office procedures, hospital visits, and surgical fees.

**I acknowledge that I am signing this statement voluntarily, and that it is not being signed under duress or after the services have already been provided. I understand that by signing this form, I will be fully responsible for the total billed charge(s) for any services denied as non-covered (not a covered TRICARE benefit) and listed above and will pay the provider this amount, regardless of the fact TRICARE will not make payment. I also understand that it is my choice to have these services provided at a future date and time by this provider .**

TRICARE BENEFICIARY SIGNATURE Mary Smith DATE 12/10/07

TRICARE BENEFICIARY NAME (PRINTED) Mary Smith

SPONSOR SSN 123-45-6789 RELATIONSHIP TO SPONSOR Spouse

Providers must follow all applicable coding regulations. If an appropriate CPT code exists that covers several procedures rendered, the provider must use the all-inclusive procedure code and not bill for each procedure separately.

PROVIDER INFORMATION

NAME: John Adams

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CITY Desert Rock ST CA ZIP CODE 81818

PHONE NUMBER ( 111 ) 555-9898

**Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations of this may be punishable by fines, imprisonment, or both.**