

CHAPTER 12
SECTION 7.1
ENCLOSURE 1

SAMPLE OF TRICARE OVERSEAS PROGRAM PRIME ENROLLEE
CARD



Name: _____
Sponsor SSN: _____
Primary Care Manager: _____
TRICARE Service Center Telephone: _____



Name: _____
Sponsor SSN: _____
PCM: _____
PCM/TSC Telephone Number: _____

Important Things to Remember

- Go to your Primary Care Manager (PCM) for all medical care and/or referrals to a specialist.
- In emergencies, go to the nearest emergency room and notify your TRICARE Service Center within 72 hours. If traveling in the United States, no pre-authorization is required, but ask for a network provider, or ensure the civilian provider accepts TRICARE/CHAMPUS assignment.
- For civilian provider care submit an itemized statement with a CHAMPUS Claim Form (DD Form 2642) to: Foreign Claims, WPS-CHAMPUS, PO Box 8976, Madison, WI 53708-8976
- For eligibility verification, benefits or claim information call your local TRICARE Service Center.
- This card is for identification purposes and does not guarantee coverage.

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