

EXAMPLE NOTIFICATION LETTER

Date

Xx, Xxxxxx Xxxxxx
Address
City, State and Zip

Beneficiary Name: xxxxxxxxxx
SSN: xxx-xx-xxxx
Claim Number: xxxxxxxxxxxxxx
Dates of Service: xx-xx-xxxx to xx-xx-xxxx
Amount Billed: \$xxx.xx
Name of Provider of Care: xxxxxxxxxxxxxxxxxxxxxx

Dear xxxxxxxxxxxxxx

This office has received a claim for medical care provided to you. Our records indicate that you are a member of the Reserve or National Guard. If this medical care was received as a result of an injury or illness associated with military duties, documentation to that effect must be provided to the Military Medical Support Office (MMSO) in Great Lakes, Illinois before the claim may be paid.

You must inform your Unit's/Command's Medical Representative or Health Benefits Advisor that you have received this letter. They must either contact the MMSO or provide evidence that you are eligible for care (e.g. Line of duty verification) to MMSO within 21 calendar days (from the date of this letter) or the claim for medical services may be denied and you will have responsibility for the bill.

Complete information on MMSO procedures and requirements for submission of eligibility documentation can be found on the MMSO web site at <http://navymedicine.med.navy.mil/mmso>. MMSO customer service personnel can also be contacted at Commercial toll free: 888-647-6676 OR DSN: 792-3950 OR FAX: 847-688-7934.

If the care provided was not a result of your military duties, you must contact MMSO immediately and also notify the provider of care that the military is not responsible for the bill.

