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**TRICARE CLAIM SUMMARY**  
Administered by: TriWest Healthcare Alliance  
This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

If you have questions about this notice,  
please call toll free: 1-888-TRIWEST  
or visit online at [www.triwest.com](http://www.triwest.com)

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1 HANGNAIL, JOE MD. 1010101 E. OVERPASS, DESERT SUNRISE, CA 88990  
Provider Number: 1234567891

2 THIS IS NOT A BILL

2 Date of Notice: 01/12/09 3 Check Number: X1111111111

4 Patient Number: SMITH - 0010  
 5 Claim Number: 00000000 00000000 6 Sponsor Number: XXXXXX1111 7 Patient Name: John Smith 8 Sponsor Name: Jane Smith  
 9 01/10/09-01/10/09 10 90801 11 01 12 \$125.00 13 \$95.13 14 \$0.00 15 \$0.00 16 003 17 \$95.13  
 18 Claim Totals \$125.00 \$95.13 \$0.00 \$0.00 \$95.13  
 19 \*Fiscal year 2009 Catastrophic Cap met to date is \$0.00 of \$1,000.00 \*Individual Deductible met to date is \$0.00 of \$0.00 \*Family Deductible met to date is \$0.00 of \$0.00  
 \*Other Ins. Paid \$0.00

	Billed	Allowed	Total Payable	Offset	Net Amount Paid
20 Payment Summary	\$125.00	\$95.13	\$95.13	\$0.00	\$95.13

21 Remark codes:  
 NPI Get It. Share It. Use It. Get It: If you have not applied for your NPI, apply now through [www.nppes.cms.gov](http://www.nppes.cms.gov) Share It: If you have received your NPI, and are a Network provider, please contact your Network Representative if you are a Non-Network provider, please share it with us at [www.triwest.com](http://www.triwest.com) Use It: If you have your NPI, you can use it today. Contact WPS Electronic Data Interchange (EDI) at: (800) 782-2680, Option #2. If you have shared your NPI, we thank you for your compliance; if you have not shared your NPI please do so no later than February 01, 2007.  
 Expedite your claims processing. If you have a network agreement with TriWest, with a provision for electronic claim submission, please call WPS at 1-800-782-2680 for assistance in becoming compliant with this requirement. Non-network and Alaska providers are also encouraged to call WPS to establish an EDI connection.  
 The amount you can bill the patient is the patient's total liability.  
 NOTE: The scheduled implementation of the TRICARE Outpatient Prospective Payment System (OPPS) on June 1, 2007 has been delayed. Please visit [www.tricare.mil](http://www.tricare.mil) or [www.triwest.com](http://www.triwest.com) for updates and information about when the TRICARE OPPS will be implemented. TRICARE will continue to pay outpatient hospital claims per the TRICARE Reimbursement Manual instructions prior to OPPS until that implementation.  
 003 If you disagree with the amount paid, please send correspondence to WPS Customer Service, PO BOX 77029, Madison, WI 53707-7029.



### Sample Provider Explanation of Benefits

1 Provider information – provider name, address and National Provider Identifier (NPI) or 18-digit TRICARE provider identification number.	13 Allowed Amount – TRICARE allowable amount for the Revenue Code, CPT or HCPCS code, after applicable discount.
2 Date of Notice – date the claim was processed.	14 Deductible Amount – the beneficiary’s deductible, if applicable.
3 Check Number – check number assigned by Wisconsin Physicians Service (WPS).	15 Cost Share – the beneficiary’s cost-share or copay, if applicable.
4 Patient Number – patient account number assigned by provider.	16 Remark Code - the remark code that matches the description under the Remark Code area at the bottom of the EOB.
5 Claim Number – claim number generated by WPS.	17 Paid Amount – how much TRICARE paid for a specific service.
6 Sponsor Number – sponsor’s identification number. Only the last four digits of the sponsor’s Social Security Number are used for HIPAA compliance.	18 Claim Totals – the total paid for all line items on the claim.
7 Patient Name – the patient’s name	19 Details on the following, when applicable: <ul style="list-style-type: none"> <li>• How much the beneficiary’s out of pocket expenses have been met</li> <li>• If other health insurance (OHI) paid toward claim</li> <li>• The amount applied to offset another overpaid claims</li> </ul>
8 Sponsor Name – the Sponsor’s name. This could be different than the patient’s name.	
9 Dates of Service - date(s) the services(s) were rendered.	
10 Revenue Code or CPT or HCPCS Code – the revenue code and or CPT code of the service(s) performed and modifier, if applicable.	20 Payment Summary – totals for the billed amount, the allowed amount, the total payable, the offset amount (reduces payment on this claim because another claim was overpaid), and the net amount paid by TRICARE.
11 Number of Units/Services – number of units or services performed.	21 Remark Code description – details on how the claim was processed, along with messages from TriWest Healthcare Alliance and/or TRICARE.
12 Billed Amount – amount billed by the provider.	