THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE

(Read Privacy Act Statement before completing this form.)

OMB No. 0704-0323
OMB approval expires Mar 31, 2013

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0323). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Sections 1095 and 1079b; Executive Order 9397.

PRINCIPAL PURPOSE(S): Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient. Such monetary benefits accruing to the MTF will be used to enhance health care delivery in the MTF.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, the information on this form will be released to your insurance company.

DISCLOSURE: Voluntary. Failure to provide complete and accurate information may result in disqualification for health care services from MTFs.

PATIENT INFORMATION

1. PATIENT NAME *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH *(YYYY/MM/DD)*

4a. MAILING ADDRESS *(Include ZIP Code)*	b. HOME TELEPHONE NO. ( )	
	5a. FAMILY MEMBER PREFIX	b. SPONSOR SSN
6a. PATIENT'S EMPLOYER'S NAME	b. EMPLOYER TELEPHONE NUMBER ( )	

INSURANCE INFORMATION

7. **DO YOU HAVE OTHER HEALTH INSURANCE?** *(This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)*

- ☐ a. **YES.** *(Complete Item 8 and the remaining sections below.)*
- ☐ b. **NO**, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. *(Proceed to Item 11.)*
- ☐ c. **NO**, but I am not a DoD beneficiary. *(Proceed to Item 12.)*

8. **PRIMARY MEDICAL INSURANCE INFORMATION.** If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 10; otherwise, please complete the blocks below.

a. NAME OF POLICY HOLDER *(Last, First, Middle Initial)*	b. DATE OF BIRTH *(YYYY/MM/DD)*	c. RELATIONSHIP TO POLICY HOLDER

d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER

e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER

f. CARD HOLDER ID	g. POLICY ID	h. GROUP POLICY ID	i. GROUP PLAN NAME

j. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE *(YYYY/MM/DD)*	m. POLICY END DATE *(YYYY/MM/DD)*

n. (1) PHARMACY (Rx) INSURANCE COMPANY NAME, ADDRESS, AND TELEPHONE NUMBER

(2) Rx POLICY ID	(3) Rx BIN NUMBER	(4) Rx PCN NUMBER

9. SECONDARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 10; otherwise, please complete the blocks below.

a. NAME OF POLICY HOLDER *(Last, First, Middle Initial)*	b. DATE OF BIRTH *(YYYY/MM/DD)*	c. RELATIONSHIP TO POLICY HOLDER
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER		
e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER		

f. CARD HOLDER ID	g. POLICY ID	h. GROUP POLICY ID	i. GROUP PLAN NAME
j. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE *(YYYY/MM/DD)*	m. POLICY END DATE *(YYYY/MM/DD)*

n. (1) PHARMACY (Rx) INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER.		
(2) Rx POLICY ID	(3) Rx BIN NUMBER	(4) Rx PCN NUMBER

10. ARE THERE OTHER FAMILY MEMBERS COVERED UNDER THIS POLICY HOLDER?

☐ a. **YES** *(Proceed to 10c. - f.)* ☐ b. **NO** *(Proceed to Item 12.)*

c. NAME *(Last, First, Middle Initial)*	d. SSN	e. DATE OF BIRTH *(YYYY/MM/DD)*	f. RELATIONSHIP TO POLICY HOLDER	c. NAME *(Last, First, Middle Initial)*	d. SSN	e. DATE OF BIRTH *(YYYY/MM/DD)*	f. RELATIONSHIP TO POLICY HOLDER

11. MEDICARE OR MEDICAID INFORMATION

a. MEDICARE PART A NUMBER	b. MEDICARE PART B NUMBER	c. MEDICARE MANAGED CARE PLAN NAME
d. MEDICARE PART D NUMBER AND PLAN NAME		e. MEDICAID NUMBER/MANAGED CARE PLAN NAME/ISSUING STATE

12. CERTIFICATION, RELEASE, AND ASSIGNMENT

a. I certify that the information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by Title 18, United States Code, Section 1001, which provides for a maximum fine of $250,000 or imprisonment for five years, or both.

b. I acknowledge that the authority to bill third party payers has been conveyed to the medical facility within the Department of Defense by Title 10, United States Code, Sections 1095 and 1079b, and that no personal entitlement to reimbursement or payment has been granted to me by virtue of this act.

c. NON-DoD PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided me and/or my minor dependents. ACKNOWLEDGEMENT: I hereby agree to pay for any service not covered in whole or in part by my third-party insurer.

d. NON-DoD MEDICARE PATIENTS: I acknowledge I am responsible for full payment of any services not covered by Medicare, including but not limited to patient copayments and deductibles.

e. DoD BENEFICIARIES: I hereby acknowledge that the proceeds of any and all benefits shall be paid directly to the facility of the Uniformed Service for services provided me and/or my family member.

f. ALL PATIENTS: I authorize portions of my medical records necessary to support claims for reimbursement for the cost of care rendered to be released to my insurance carriers.

13a. PATIENT OR ADULT FAMILY MEMBER SIGNATURE	b. DATE *(YYYY/MM/DD)*
14a. IF PATIENT REFUSES TO SIGN THIS FORM: MTF REPRESENTATIVE SIGNATURE	b. DATE *(YYYY/MM/DD)*

15. ANNUAL PATIENT INSURANCE VERIFICATION

a. If any information on this form has changed, a new form must be completed and signed. Otherwise, after initial signature, verify with your initials and date at least annually.

b. I certify that the information on this form has been verified on the date(s) specified below, and that all information is true and accurate to the best of my knowledge.

16a. SIGNATURE *(Patient or Adult Family Member)*	b. DATE *(YYYY/MM/DD)*

17. VERIFICATION a. (1) DATE *(YYYY/MM/DD)*	(2) INITIALS	b.(1) DATE *(YYYY/MM/DD)*	(2) INITIALS	c.(1) DATE *(YYYY/MM/DD)*	(2) INITIALS

STATEMENT OF UNDERSTANDING AND AGREEMENT

U.S. NAVAL HOSPITAL
OKINAWA, JAPAN

NOTICE: **PLEASE READ AND SIGN**

The U.S. Naval Hospital is required by law to charge certain patients according to specified rates established by the Department of Defense. Each patient or the patient's sponsor is obligated to pay these charges at the time of treatment.

The amount of the charge is determined by the patient's category (i.e., eligibility status). Persons ineligible for medical care will be charged the full reimbursement rate.

You or your sponsor will be asked to pay your bill at the time of outpatient care or, if after duty hours, on the first duty day after treatment. Payment may be made by cash or check payable to the Treasurer of the United States. If you desire to mail the payment, use the following address:

COMMANDING OFFICER
ATTN BUSINESS OFFICE
USNH OKINAWA
PSC 482 BOX 250
FPO AP 96362-1600

Any questions concerning payment or charges can be answered by meeting with the Business Office, or by calling 643-7738 during the hours 0730-1630, Monday - Friday.

The following information is solicited under the authority of 10 U.S.C. SS 133, 1071-87, and Executive order 9397. It will be used to locate and file treatment records, determine treatment eligibility, and determine appropriate charges. Disclosure of the following information is mandatory prior to treatment.

Patient's Name/Status: _____

Sponsor's Name: _____ Grade/Rank: _____

Sponsor's SSN: _____ Employer: _____

Work PH: _____ Home PH: _____

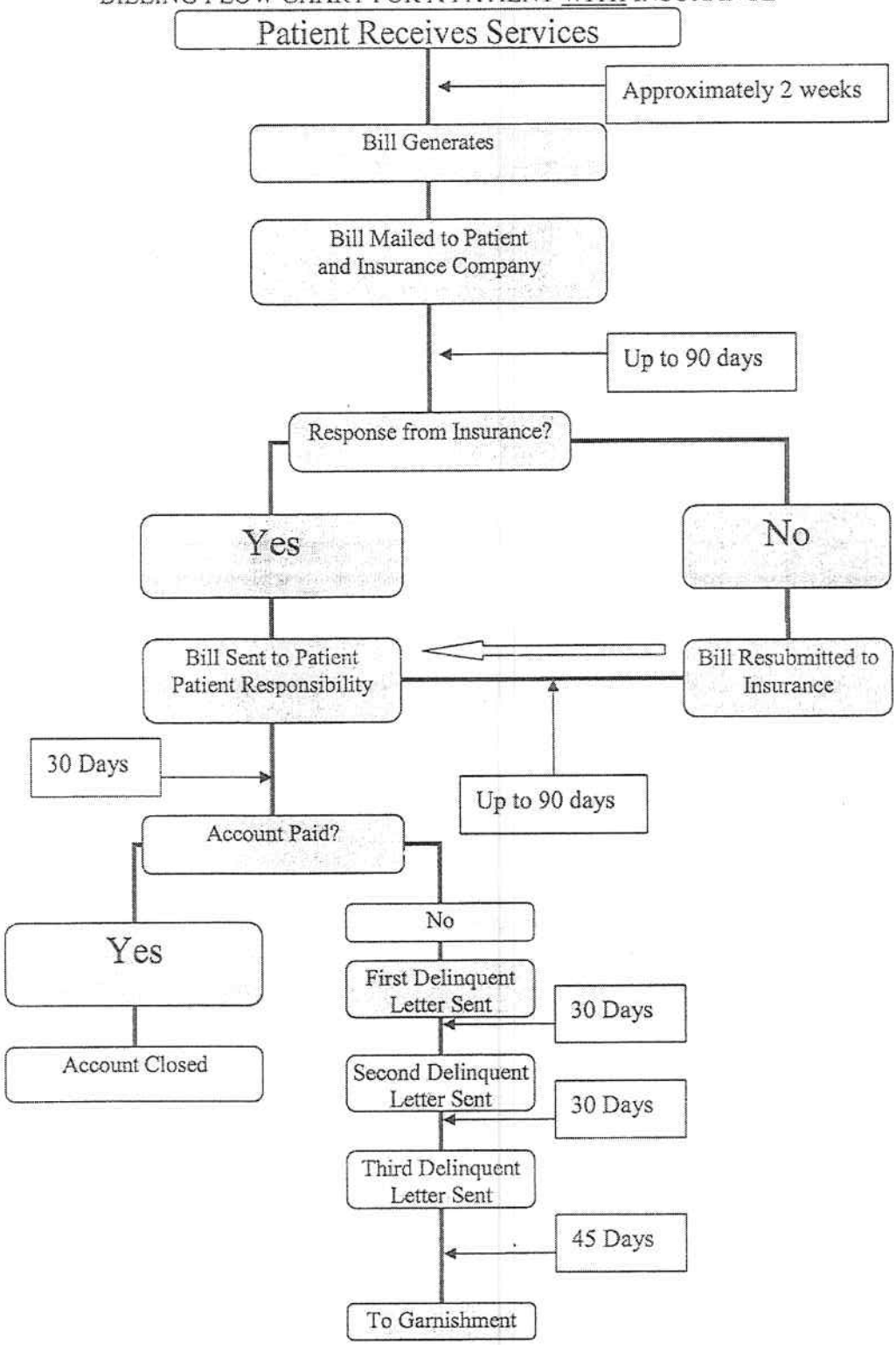
Mailing Address: _____

_____

Patient's or Sponsor's Signature: _____

Enclosure (1)

BILLING FLOW CHART FOR A PATIENT WITH INSURANCE



UPDATED COLLECTION OFFICE PRACTICES
NAVAL HOSPITAL OKINAWA

Many of the perceived changes in billing practices at the Naval Hospital have simply been the result of following existing guidance. Certain aspects of the billing process have been added, but these will only help patients in regard to insurance claims and accuracy in billing.

All patients should be aware of how the billing cycle operates. It is important to understand the various timelines involved as well as which entity maintains responsibility for a specific debt and when. The explanations below will help clarify some of the more pertinent aspects of the billing cycle for a patient with insurance coverage registered with the hospital.

1. Bills are mailed to the insurance company AND the patient when they generate. The initial bill is not a demand for payment and the bill will clearly state that your insurance company has been billed.

2. If we receive payment from your insurance company at any time within the first 90 days, we will send you a secondary bill that is a request for payment. Any payments from your insurance company will be easily identifiable within the "INVOICES AND RECEIPTS" block. If you received more than one service for a specific visit, we will not send the secondary invoice until we receive payment for all specified services. Insurance companies pay bills per services rendered with separate checks. This will be identified as a partial payment.

3. If the insurance company does not respond to the entire claim within 90 days, we will resubmit the bill. If, after another 90 days (or a total wait time of 6 months), we do not receive a response from the insurance company, the total outstanding balance of the account becomes the responsibility of the patient. This transfer of responsibility will be indicated by the request for full payment sent to the patient. At this point, the liability for payment rests squarely on the shoulders of the patient and delinquent notices will begin 30 days after the generation of this invoice. All negotiations with the insurance company will be initiated, discussed, and completed by the patient. We will accept payment from the insurance company, but we will not pursue payment from the insurance company after the six month mark.

*NOTE- A DoD teacher was unhappy with the fact that Tripler Army Hospital makes pay-patients pay the entire bill up front and then submit it to their insurance company. This is a perfectly acceptable practice for military facilities and was the preferred method of business for years. Naval Hospital Okinawa decided to provide the service of billing to insurance on behalf of our patients as a courtesy. This practice is not mandated anywhere in any military direction. That being said, I believe that if we offer a service, we must ensure it is done to the best of our ability. Our maximum ability to carry any debt is six months.

4. Once a secondary invoice is sent to the patient, attempts to collect the debt will be very methodical. After a third delinquent letter is sent to the patient, the account will be referred to wage garnishment and processed through The Defense Finance and Accounting Service (DFAS). While the Naval Hospital rarely charges interest or penalties, DFAS pursues these charges as well as reports to various credit agencies.

Pharmacy and pricing-

The pricing for anything in the hospital is decided upon and handed down from The Tricare Management Activity. This entity is completely separate from the Naval Hospital and sets pricing

standards for all Army, Navy, and Air Force medical facilities. In short, the Naval Hospital has absolutely no control over pricing.

Pharmacy pricing is always at the forefront of complaints. Pharmacy pricing is calculated from a national average for a specific drug. Patients can ask Collection Office staff either in person or over the phone to look up an estimated price for a specific drug or formulary. The estimates have proven to be very accurate and should be a big help for budgeting purposes.

Billing problems-

Some of you are well aware that we are currently cleaning house in regard to back debt. I can assure you this will not stop until it is gone. If there is ever a question regarding an old bill or a more recent bill, please bring it to the attention of the Collection Office. Many billing issues can easily be resolved in a matter of minutes.

Demographics-

The most important thing you can do to ensure the billing cycle does not break down is to verify your address, phone numbers, email, and insurance information on a regular basis. Debt that cannot be delivered to the patient due to inaccuracies in demographics will be sent to DFAS for collection. Desk staff members in all clinics are required to verify demographics at each visit.

Patients should not change their mailing address at the hospital when they vacation for the summer. If you are leaving for the summer, visit the Collection Office to pay any outstanding bills. The billing process will not stop while you are away, but you will not risk bills being lost in the mail or being sent to the wrong location. You can pay any outstanding balances when you return to the island or you can email or call the Collection Office while you are away.

If you PCS, make sure the Collection Office knows where to send mail for you. Again, the hospital is not liable for mail that can not reach you. All bills returned due to out of date demographics will be sent to DFAS.

Current issues at the Naval Hospital are the product of not following proper protocol. We are working to correct these problems and ensure that they do not resurface.

Contact Information-

Collection Office
643-7738/7438
NHOKI-CollectionOffice@med.navy.mil

Collection Office Supervisor
Tom Zuzelski
643-3017
Tom.zuzelski@med.navy.mil

Pay.gov

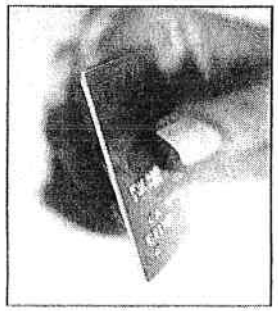
How quickly is my payment processed?
Credit card payments submitted by midnight Eastern Time will settle in your account the next business day.

I'm not comfortable with making payments online. Can I mail in my payment or pay over the phone?

If you wish to make a payment by mail or phone, please contact the Collection Office directly. Pay.gov cannot accept payments by mail or phone. USNH Collection Office accepts the following methods of payment: cash, checks and credit card either in person or over the phone.

How will the transaction appear on my bank or credit card statement?

Pay.gov transactions will usually appear with the description "PAYMENT" and text indicating which government agency you made the payment to, such as an abbreviated form of the agency name. If you're not sure what a particular payment is, the first point of contact should be your financial institution. They can help identify the payment history.



Pay.gov℠

Fast.

Easy.

Convenient.

If you have any questions or need additional information, please contact us:

U.S. Naval Hospital Okinawa

Collection Office

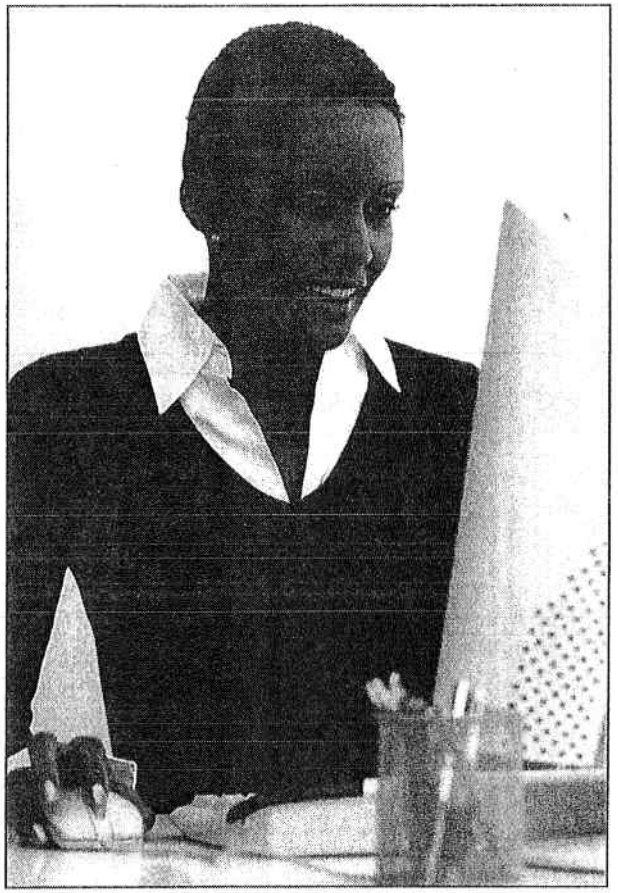
643-7738

643-7438

643-4000

CollectionOffice@med.navy.mil

U.S. Naval Hospital
Okinawa, Japan
"Pride of the Pacific"



Guide for paying your hospital bills online using Pay.gov

About Pay.Gov

What is Pay.Gov?

Pay.gov can be used to make secure electronic payments to Federal Government Agencies directly from your bank account or by credit/debit card. You can use **Pay.gov** to pay bills for medical and dental services you receive at U.S. Naval Hospital Okinawa or at any of branch medical or dental clinic.

How do I access Pay.gov?

Our web address is **https://www.pay.gov**. You will have the best experience with our site if you use Internet Explorer 5.5 with Service Pack 2 or higher on the Windows operating system.

Is Pay.gov secure?

Yes. **Pay.gov** uses 128-bit SSL encryption to protect your transaction information and is a secure site for payment.

When is Pay.gov available?

The **Pay.gov** site is available 24 hours a day, 7 days a week (including holidays) for users to submit payments. The only exception is the site is unavailable for system maintenance every Monday between 4:00 pm to 7:00 pm Japan Standard Time. Credit card payments will be processed the next business day.

What credit cards are accepted?

Visa, MasterCard, American Express, Discover and Diner's Club.

Paying your bill online with Pay.gov℠

Step 1

When making an online payment, please go to the Pay.gov website at **https://www.pay.gov**

Then type "Okinawa" into the search box on the left side of the page. Click on ***USNH Okinawa Collection Form*** on the results page.

***Be sure to keep copies of invoices that are stamped "**ACCOUNT DUE**". You will need to enter the account numbers (located on the right hand side of your invoice) being paid in order to process your payment.*

Step 2

Once the USNH Okinawa screen is displayed (see Fig. 1), please make sure you fill out all of the fields marked with an asterisk (*) that are required to process the form.

Choose your payment method from the dropdown menu, then click "submit."

Step 3

Enter your credit/debit card information as it appears on your card.

Step 4

Once all the required payment information has been entered, the screen will ask you to confirm the credit/debit card information. Click on "make plastic card payment".

The next screen is confirmation of payment. Your email address is automatically populated. Type in **collectionoffice@med.navy.mil** in the 'cc' box. This will inform the Collection Office of your payment. Ensure that this address is typed in correctly or the Collection Office will not be able to issue paid receipts.

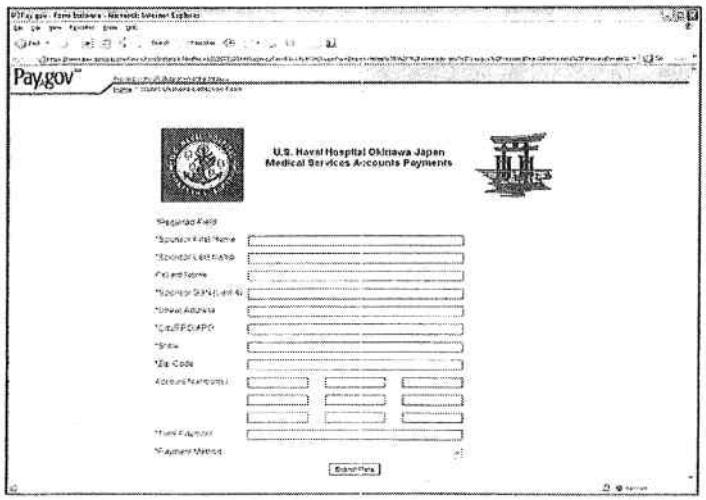


Fig. 1