OMB Control Number: 0720-0008
TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change
Telephone Script

Welcome to HUMANA Military TRICARE East. Medical emergencies should hang up and dial 911. Your call may be recorded. If you are calling to view claims, check referral status, or verify eligibilities, you can easily access these features on Self Service at HumanaMilitary.com. If you are a sponsor, beneficiary or patient, say or press 1. Hospital doctors or medical facilities, press 2.

Press 1

To effectively deliver and manage your health care, I will be requesting personal information. Providing this information is voluntary, however failure to provide all requested information may result in a delay or denial of your request. If you would like to know more about the Privacy Act Statement, or to receive a paper copy of the full Privacy Act Statement, will please press 7 now.

Please choose an option:

Autism Care Demonstration, ACD or applied behavior analysis services, ADA Press 1

Claims, press 2

Pay by phone, press 3

Eligibility, referral status, or to find a provider in your network, press 4

Enrollment, PCM changes, and continued health care benefits, press 5

Mental health, pharmacy, dental, vision, dependents or beneficiaries who have both Tricare or Medical Part B, press 6

Any other questions, press 7

To hear this menu again, press 9

Press 5

When establishing a relationship with new primary care managers, it is important to inform them of any and all medication you are taking. If you are already enrolled in TRICARE and need to change our residential address, press 1.

TRICARE Reserve Select, and TRICARE Retiree Reserve, press 2

Active duty including CAMP, 3

Retirees, 4

TRICARE Young Adult, 5

For CHCBP Continued Health Care Benefits, 6

Press 1

Operator: Good <insert time of day>. **If you are attempting to enroll in TRICARE Prime, please provid**e:

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1. Sponsor's name

2. Sponsor's Social Security Number

3. Is your Sponsor Active Duty, Retired, Deceased, or an Unremarried Former Spouse

4. What is your sponsor's telephone number for work, home, and/or cell.

5. Sponsor's email address?

6. What is your sponsor's date of birth?

7. What is your sponsor's residence address? And is this address new?

8. What is your sponsor's mailing address and is it the same as the residence or new?

9. What is your sponsor's military assignment unit, unit identification code, and the address of that work address?

10. Is your sponsor requesting to enroll, transfer enrollment, change PCM, disenroll, or nothing? And effective on what date?

11. What is your sponsor's first PCM preference? I need your first and second choice. The assignment depends upon availability and your uniform service guidelines. Please review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member service (non-active duty only) for availability of PCMs).

For the first choice, are they MTF, Civilian, or PRP (ADSM), and what is the full name?

For the second choice, are they MTF, Civilian, or PRP (ADSM), and what is the full name?

For the specialty of the PCM, do you have a preference of family/general practice, internal medical, flight medicine, or no preference?

Do you have a preferred gender of your PCM?

To enroll a family member, change PCM, transfer enrollment, or disenroll, please state which action and provide:

1. The Family member's name and their date of birth

2. Their residence and mailing address

3. Their telephone number

4. Email address

5. What is their PCM preference: I need your first and second choice.

For the first choice, are they MTF, Civilian, or same as your sponsor, and what is the full name?

For the second choice, are they MTF, Civilian, or same as your sponsor, and what is the full name?

6. For the specialty of the PCM, do you have a preference of family/general practice, internal medical, flight medicine, or no preference?

7. Do you have a preferred gender of your PCM?

If they are disenrolling or changing PCM:

What is the name of the family member, and are they relocating, dissatisfied, PCSing, or other?

Is anyone currently covered by other health insurance?

Is this other health insurance TRICARE Supplement?

If it is not TRICARE Supplement, can you tell me if it is Medical, Dental, Vision, and or Prescription Insurance? What is the name of the person(s) covered, their policy holder's name, policy number, carrier name, and date of policy effective?

You will need to acknowledge a waiver if:

My selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care.

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

For payment of TRICARE Enrollment Fees, only provide with this section for retirees, retiree family members, survivors, and eligible former spouses. For other skip to the next section:

Retired beneficiaries and retiree family members under age 65 who are entitled to Medicare Part A must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime. TRICARE Prime enrollment fees are waived for individuals enrolled in Medicare Part A and Part B, as reflected in DEERS.

One payment option is Monthly Payment: Monthly payments must be recurring payments. You will not receive a monthly bill. If you select the monthly payment plan, you must make an initial three month payment by check (cashier's or personal check), credit/debit card, or money order at the time of application. Make checks payable to: Humana Military

The second payment option is: Quarterly and Annual Payments: You will be billed on a quarterly or annual basis for credit card payments. (Your Contractor may offer recurring quarterly and/or annual payments.)

The third option is Personal Check: Payment by check (money order, cashier's or personal) is limited to the initial three month payment only. Checks received for ongoing payment will not be accepted.

The fourth option is Electronic Funds Transfer: EFT is for monthly or quarterly payments only. The initial payment cannot be made via EFT

If they choose to have their enrollment fees paid by monthly allotment from their Uniformed retired pay, inform them that:

Only retired Uniformed Services members may establish an allotment from their retired pay. The Uniformed Service member must sign below. Your Regional Contractor will charge the correct fee amount each month based on your enrollment, individual or family. (The current rates are at www.tricare.mil/costs)

For an electronic funds transfer I will need to note if the electronic fund is transferring for automatic payments, checking (for which I will need a void check) or savings:

1. What is the name and address of the financial institution:

2. Name on the account

3. What is the telephone number of the financial institution:

4. What is the account number

5. What is the ABA routing number

Please note, your regional contractor will charge the correct fee amount based on your enrollment, individual or family. The current rates can be found at Tricare.mil/costs

The last payment option is credit or debit card. For this I need to mark if it is the initial 3-month payment, Visa/MasterCard monthly recurring payments

1. What is the card number

2. What is the expiration date

3. What is the security code (these are 3-digit numbers found on the back of the card)

4. What is the name of the card holder

Please note, your regional contractor will charge the correct fee amount based on your enrollment, individual or family. The current rates can be found at Tricare.mil/costs

Please verbally confirm that you authorize the Regional Contractor to START, CHANGE, or STOP my automated payments as indicated above. Fee amounts, as determined by TRICARE and subject to

change each fiscal year, will be withdrawn between the first and the fifth business day based on the payment option selected. This authorization will remain in force unless cancelled by me, my Regional Contractor or my financial institution. I understand a $20.00 administrative fee may be assessed for any payments returned due to insufficient or unavailable funds.

That concludes all I need for this form, if you need to make any updates, you can always call here again or go to HUMANmilitary.com Thank you for using TRICARE and have a great day.