

Initial Enrollment & 3 Year Updates

Providers must complete pages 4-7. Pages 8-11 are completed only when applicable.

Reimbursement for pages 4-7 will be actual cost charged to family or \$60, whichever is less

Reimbursement for pages 8-11, when required, will be at actual cost or a maximum of \$15/page, whichever is less.

Total maximum reimbursement is actual cost up to a maximum of \$200/package (including pages 4-7 and any submitted addenda).

Reimbursement excludes any other costs associated with visit (e.g. co-pay, cost share)

Receipt must include the following: physician's name, date, and marked 'PAID' or showing a zero sum balance. Receipt must detail form completion as a separate expense.

**Reimbursement occurs locally and does not require HQMC approval.
Installations will use Standard Form 1164.**