

TRICARE PRIME PUERTO RICO TRICARE NON-COVERED SERVICES WAIVER FORM

NOTE: Please have provider confirm service is non-covered

I	hereby agree to accept	full financial
(TRICARE Beneficiary or TRICARE Beneficia	ary's Legal Guardian) ed from	
responsibility for the following medical care receive	(Name of TRICARE Network Provider)	wnich is a
non-covered service based on my current TRICAR	E benefits according to government policy.	
	RVICE DESCRIPTION	
These non-covered services will be rendered to		
(TRICARE Beneficiary o	r TRICARE Beneficiary's Legal Guardian)	
on (Patient's Social Security Number)	(Name of TRICARE patient)	
(Sponsor's Social Security Number)		
Beneficiary's or Legal Guardian's Signature	Signature Date	
	HUMANA。 Military Healthcare Services	
*	nse program offered by Humana Military Healthcare Services, Inc. Humana Military Healthcare Services	3,04
	TRICARE PRIME PUERTO RICO RE NON-COVERED SERVICES WAIVER FORM E: Please have provider confirm service is non-covered	
1	haraby agree to account	full financial
Ihereby agree to accept (TRICARE Beneficiary TRICARE Beneficiary's Legal Guardian)		
responsibility for the following medical care receiv	red from(Name of TRICARE Network Provider)	which is a
non-covered service based on my current TRICAR		
SI	ERVICE DESCRIPTION	
These non-covered services will be rendered to		
, ,	or TRICARE Beneficiary's Legal Guardian)	
(Patient's Social Security Number)	(Name of TRICARE patient)	
(Sponsor's Social Security Number)		
Beneficiary's or Legal Guardian's Signature	Signature Date	

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