

DEFENSE HEALTH AGENCY – GREAT LAKES DEBT COLLECTION RESOLUTION PACKET

INSTRUCTIONS FOR COMPLETING THE DD2870 FOR DEBT COLLECTION

1. On the DD Form 2870 complete Section I in its entirety.
2. In Section II: box 6 add the name of the collection agency/facility, “I authorize __? __”
 - Box 6a: add “Defense Health Agency Great Lakes”
 - Box 6b: add DHA-GL address
 - 2834 Green Bay Road Bldg 3400 Ste 304 Great Lakes, IL 60088
 - Box 7: mark “insurance”
 - Box 8: add “Medical claims and supporting documents”
 - Box 9: add today’s date
 - Box 10: mark “action completed” only
3. In Section III, Sign, and date the form
4. Please attach a copy of the collection notice or credit report as well as any medical claims for this episode of care.

Debt Collection Checklist (Please check what you are sending)

- ☐ This coversheet completed
- ☐ Notice of Role of Debt Collection Assistance Officer Sheet (Acknowledgment)
- ☐ DD Form 2870... Completed as stated above
- ☐ Copy of Collection notice or Credit Report showing the delinquency
- ☐ Medical Claims/bills for this episode of care
- ☐ Documents substantiating the duty status of the service member
- ☐ Other supporting documentation that may support the claim
- ☐ Verify claims have been submitted correctly to TRICARE by provider

Email (preferred):

dha.great-lakes.j-10.mbx.mms0-lod-misc@health.mil

or

Fax To:

Debt Collection Assistance Officer:

224-447-0152

Submitted by:

Phone Number:

NOTICE OF THE ROLE OF THE DEBT COLLECTION ASSISTANCE OFFICER

ACKNOWLEDGEMENT

I _____, understand that the role of the Debt Collection Assistance Officer (DCAO) is one of researching TRICARE claims that are the basis for an underlying debt. The DCAO has my consent to contact all necessary agencies – including military personnel offices, military treatment facilities (MTF), TRICARE Lead Agent offices, the TRICARE Management Activity (TMA), managed care support contractors, creditors who have issued bills, even debt collection agencies if appropriate – in order to research the TRICARE claim involved. The DCAO will assist me in understanding the basis for the underlying debt. The DCAO will coordinate with TMA to provide an official determination as to the appropriate resolution of a TRICARE claim.

I acknowledge and understand that the DCAO is NOT acting as my advocate in assisting me regarding the pending debt collection action. In addition, I acknowledge that the DCAO is NOT acting as my legal representative in this matter. In the event the DCAO determines that the debt appears to be valid, I have the right to continue to challenge the correctness of the debt, including exercising my TRICARE appeal rights. I understand I have the right to seek legal assistance through my legal assistance officer or private attorney.

Printed Name: _____

Social Security Number or DoD#: _____

Service Member Signature: _____ **Date:** _____

Privacy Act Statement: This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at:

http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.