

# Debt Transfer Information

*As a military treatment facility, BAMC does not have the authority to compromise, waive, settle, or suspend a debt.*

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## If your account has been transferred to the U.S. Treasury for collection action:

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- If you have any questions or concerns please contact the U.S. Treasury at 1-888-826-3127 or find further information on the web at: [www.fiscal.treasury.gov](http://www.fiscal.treasury.gov)
- Once valid debt has been transferred to U.S. Treasury, BAMC may not interfere with collection actions. You and/or your insurance must work directly with the U.S. Treasury.
- If you think your account was erroneously transferred to the U.S. Treasury, please contact the BAMC UBO.

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## If your account has been transferred to DFAS:

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- DFAS (Defense Finance & Accounting Service) has the only authority within the DoD to compromise, waive, settle, or suspend a debt.
- If you have any questions or concerns, please contact the DFAS (Defense Finance & Accounting Service) Debt and Claims Customer Care Center at (866) 912-6488

*Additional Billing Resources can be found at the following website:*

[www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing](http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing)

# Payment FAQs

## How long do I have to pay my bill?

Your bill is due within 30 days from the date of billing. A Delinquent Notice will be sent approximately 30 days after the initial invoice. A Final Notice will be sent 30 days after the Delinquent Notice.

## How can I pay my bill?

You can pay your bill by check, money order, credit card, debit card, or Automated Clearing house (ACH) payment. Please make your check or money order payable to "BAMC" and mail it to:

BAMC UBO - Department 211  
3551 Roger Brooke Drive  
JBSA Ft. Sam Houston, TX 78234

## Can I pay my bill in person?

Yes. You can pay at the Treasurer's Office on the first floor, located near the flagpole entrance and across from Patient Admissions.

## Can I pay my bill online?

Yes. You can pay online using debit or credit card, Amazon account, PayPal account, or Automated Clearing House (ACH) payment from a checking or savings account. To make an online payment, visit BAMC's pay.gov site at:

[www.pay.gov/public/form/start/81196872](http://www.pay.gov/public/form/start/81196872)

## Can I set up a payment plan?

Yes. Payment plans can be set up for a maximum of 36 months, as long as you pay at least \$50 a month. Contact the UBO to set one up: 210-916-8563

*It's Good to Know  
What You May Owe*

# Understanding Your BAMC Bill



**It is our privilege to provide you with world class healthcare.**

**This pamphlet explains the Department of Defense's (DoD) billing procedures, and your potential personal financial responsibility.**

# Billing Basics

- If you are not a covered beneficiary (active duty, retirees, and family members), you are responsible for your full healthcare bill. **This includes Secretarial Designee patients.**
- If you do not provide your proper insurance information on the DD Form 2569 (insurance form), you will be billed personally for your care.
- Bills may take up to 180 days to be generated. Please watch the mail and call your insurance in advance after receiving treatment.
- Insurance companies require pre-authorization for care (call your insurance company if you are unsure of your coverage!)
- If money is owed for your healthcare, you will receive three notices by mail and have 90 days to pay your bill (see payment FAQs), to work with your insurance company to pay, or to set up a payment plan with the Uniform Business Office (UBO).
- Medicaid and Medicare Part B do not cover outpatient visits, even for follow-up care.
- The VA **does not** cover pharmacy bills at BAMC.
- The VA **does not** cover other care without a pre-authorization from the VA.



**BROOKE ARMY MEDICAL CENTER**

# How to be Your Best Advocate

**Fill out the DD Form 2569, and provide all of your healthcare insurance information:**

- Policy name and number
- Coverage type
- Patient relationship to insured
- Policy effective dates
- The form must be signed (or we cannot obtain authorization from your insurance carrier)

INSURANCE INFORMATION		
<b>7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?</b>		
<input type="checkbox"/> <b>a. YES.</b> (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to item 8; otherwise, please complete items 7 a (1) through (3) below.)		
(1) Member ID	(2) Plan ID	(3) Expiration Date (YYYYMMDD)
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care		
(5) VA Facility Address and Telephone Number		
<input type="checkbox"/> <b>b. NO.</b> (Proceed to item 8.)		
<b>8. DO YOU HAVE OTHER HEALTH INSURANCE?</b> (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)		
<input type="checkbox"/> <b>a. YES.</b> (Complete item 9 and the remaining sections below.)		
<input type="checkbox"/> <b>b. NO.</b> I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to item 13.)		
<input type="checkbox"/> <b>c. NO.</b> but I am not a DoD beneficiary. (Proceed to item 12.)		
<b>9. PRIMARY MEDICAL INSURANCE INFORMATION.</b> (If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to item 11; otherwise, please complete the blocks below.)		
a. NAME OF POLICY HOLDER (Last, First, Middle initial)	b. DATE OF BIRTH (YYYYMMDD)	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 (YYYYMMDD)	m. POLICY END DATE (YYYYMMDD)
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number		
(2) Rx Policy ID	(3) Rx Bin Number	(4) Rx PCN Number

- If you need a DD Form 2569, please contact Patient Administration, the Uniform Business Office, or visit [www.bamc.health.mil](http://www.bamc.health.mil).
- BAMC may file a courtesy bill with your insurance. It is your responsibility to follow-up with your insurance to ensure payment.
- If your insurance company rejects your claim or if you do not have insurance, you will be billed personally.
- If you move, notify the UBO and make sure to forward your mail with the U.S. Postal Service.

# Insurance FAQs

**If my insurance does not pay the entire claim, do I owe the remaining balance?**

**YES:** If you are civilian emergency / Secretarial Designee, elective cosmetic surgery, or certain category of DoD beneficiary patient. As a non-beneficiary, you are responsible for your remaining healthcare bill.

**MAYBE:** If you are a military retiree family member, you may be responsible for paying the Family Member Rate for your inpatient stays. Contact the UBO for more information.

**NO:** If you are a covered beneficiary (active duty, military retiree or family member). Although you will still receive an Explanation of Benefits (EOB) from Tricare, you do not owe any remaining balance that your insurance did not pay.

**If my primary insurance does not pay the entire claim, will my secondary insurance be billed?**

**NO:** If this was an outpatient visit and your primary insurance is Medicare, you must submit the Medicare EOB to your secondary insurance.

**YES:** If we have both your primary and secondary insurance information on file. However, this can be a very lengthy process, so you should continue to follow up with your insurance carrier throughout the process.

## Points of Contact

Uniform Business Office | (210) 916-8563  
Patient Administration | (210) 916-2733