



Making a Payment Quick Reference Guide

For TRICARE West Region Beneficiaries

Introduction

This Quick Reference Guide will lead you through the steps on how to make payments via the West Region secure beneficiary portal. By following these steps, beneficiaries will benefit from a smooth payment process.

How to Make Payments

1. Go to the [secure, self-service West Region beneficiary portal](#).
2. On the beneficiary portal dashboard, select **Set Up/Verify Automatic Payments**.

TRICARE Automatic Payment Authorization

Set up automatic, recurring electronic funds transfer or credit card payments for 2025. Payments (other than allotments) with the current regional contractor end December 31, 2024.

Helpful hint: Consider using electronic funds transfer. It avoids you having to complete this process again. For example, if your credit card expires.

Set Up/Verify Automatic Payments > 2

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3. Select **Manage Payments** for the desired plan.

Pay Fees

Patient's Information Sponsor's Information

Name Name

DoD Benefits Number (DBN) Sponsor's Social Security Number

[view more](#)

Available Plans

305 TRICARE Select-Retired Sponsors and Family Members Effective: 7/1/2024 - 3/31/2047 Paid Through: 12/31/2026 3 Manage Payments	315 TRICARE Prime-Retired Sponsors and Family Members Effective: 1/1/2018 - 11/30/2046 Paid Through: 4/30/2022 Manage Payments
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4. Select the **Make a Payment** button.

Pay Fees

Patient's Information Sponsor's Information

Name Name

DoD Benefits Number (DBN) Sponsor's Social Security Number

[view more](#)

Billing Information - 315 TRICARE Prime-Retired Sponsors and Family Members [View All Plans](#)

⚠ Your account is delinquent. Please pay the Past Due amount as soon as possible.

4 Total Due \$718.08 Due By: 10/24/2024 Make A Payment	Bill Details Past Due: \$673.20 Total Due: \$718.08 Remaining Balance: \$718.08	Payment History Last Payment Amount: \$0.00 Last Payment Method: Last Payment Date: Paid Through Date: 04/30/2022
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Sign Up for Automatic Payments [Need Help? Contact Us](#)

An automated payment option is the easiest way to pay your TRICARE enrollment fees. With a credit card, bank draft, or allotment, there are no bills and you don't have to worry about late payments.

Please pay your past due amount before signing up.



5. Read the privacy statement provided and select **Continue**.

Make A Payment

Privacy Statement	Payment Amount	Payment Method	Submit Payment
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This statement serves to inform you of the purpose for collecting personal information required by TriWest on behalf of the TRICARE® program, and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; 32 CFR Part 199, and E.O. 9397 (SSN), as amended.

PURPOSE: This information will be used by TriWest to electronically debit or stop payment of your monthly enrollment fees from your monthly retirement pay, checking or savings account, or credit card.

ROUTINE USES: Your information may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Privacy Policy (published at <http://doddo.defense.gov/privacy/SORNis> and as permitted by the Privacy Act of 1974 as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), and includes purposes of treatment, payment, and health care operations.

DISCLOSURE: Voluntary; if you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process an individual's enrollment.

Cancel Continue

6. Select your **preferred payment method** of the two available online and fill out the corresponding fields.

Make A Payment

Privacy Statement	6 Payment Amount (\$718.08)	Payment Method	Submit Payment
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Select A Payment Method*

Credit Card Bank Draft

Card Number* Expiration Date*

A. For **Credit/Debit Card** payments, complete the following fields and select **Continue**:

- Card Number
- Expiration Date
- Cardholder Name

Make A Payment

Privacy Statement	Payment Amount (\$718.08)	A Payment Method	Submit Payment
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Select A Payment Method*

Credit Card Bank Draft

Card Number* 4111 1111 1111 1111 Expiration Date* 04 - April 2028
(Visa, MasterCard, and Discover Card only)

Cardholder Name* Last Name

Cancel Change Payment Amount Continue



B. For **Bank Draft/EFT** payments, complete the following fields and select **Continue**:

- Bank Name
- Name on Account
- Account Type
- Account Number
- Routing Number

Make A Payment

Privacy Statement | Payment Amount (\$181.50) | **Payment Method** | Submit Payment

Select A Payment Method*

Credit Card Bank Draft

Bank Name* | Name on Account*

Account Type* | Account Number* | Routing Number*

Cancel | Change Payment Amount | Continue

7. Confirm payment information and select the checkbox for the “I authorize...” statement.
Note: The beneficiary can set up monthly automatic payments by selecting the checkbox within the “Sign Up for Automatic Payments?” section.
8. Select **Submit Payment**.

Make A Payment

Privacy Statement | Payment Amount (\$718.08) | Payment Method (Credit Card) | **Submit Payment**

Your payment may take up to three business days to process. During this time, you will not be able to make another payment. Please confirm the information you entered is correct.

Confirm Payment Information

Amount: \$718.08

Card Number | Cardholder Name | Card Expiration Date

I authorize TRiWest to charge the payment method shown above.

Cancel | Change Payment Method | **Submit Payment**

Sign Up for Automatic Payments? (Monthly Rate: \$22.44)

An automated payment option is the easiest way to pay your TRICARE enrollment fees. With a credit card, bank draft, or allotment, there are no bills and you don't have to worry about late payments.

Yes, I would like to sign up for automatic payments using the same payment method used for this payment. I have also read and agree to the [Disclaimer](#).

If you would like to sign up using a different payment method, please submit this payment first. Once you receive your receipt, click the [Change Payment Method](#) link in the Sign Up for Automatic Payments section.



9. A payment confirmation will display once the payment is submitted.

Pay Fees

Billing Information - 315 TRICARE Prime-Retired Sponsors and Family Members [View All Plans](#) [Print](#)


Thank You

Thank you for your payment! Please allow up to three business days for your payment to be processed.

You have successfully signed up for automatic monthly payments! Your chosen payment method will be billed monthly starting on the next applicable due date.

Confirmation Number: [REDACTED]
Date: 10/24/2024
Total Payment Amount: \$718.08

Payment Method
Credit Card Number: [REDACTED]
Credit Card Expiration Date: [REDACTED]
Credit Cardholder Name: [REDACTED]
Note: This payment method has been set up for automatic monthly payments. Effective starting 07/01/2025.

Sponsor's Name: [REDACTED]
Sponsor's Social Security Number: [REDACTED]
Patient's DoD Benefits Number: [REDACTED]