



Request for Reimbursement of TRICARE Hospice Cap Amount

TRICARE West Region

Use this form to report beneficiary information for TRICARE-approved hospice care during cap period ending October 31, 2025.

Provider Information

Hospice Provider Name:

Tax Identification Number (TIN):

Hospice Cap Information

Number of TRICARE beneficiaries electing hospice care during the period September 28, 2024, through September 27, 2025.

Dollar amount of total payments received and receivable for services furnished to TRICARE beneficiaries during the cap period from November 1, 2024, through October 31, 2025, including employed provider's services not of an administrative and/or general supervisory nature.

Total reimbursement received and receivable for general and respite inpatient care furnished to TRICARE beneficiaries from November 1, 2024, through October 31, 2025.

Aggregate number of TRICARE inpatient days for both general and respite inpatient care from November 1, 2024, through October 31, 2025.

Aggregate number of TRICARE routine days from November 1, 2024, through October 31, 2025.

Aggregate number of TRICARE continuous home care hours from November 1, 2024, through October 31, 2025.

Aggregate total number of days of hospice care provided to all TRICARE beneficiaries from November 1, 2024, through October 31, 2025.

Signature:

Date (MM/DD/YYYY):

Title:

Submit Form

Mail or fax this completed form to:

Mail: TRICARE West Region
P.O. Box 202163
Florence, SC 29502-2169

Fax: 877-989-0066