

トライケアご加入の患者様へ

トライケアの補償対象となる医療費は、トライケアの規定に基づき請求いたします。ただし、補償対象外となる費用につきましては、患者様ご本人様にご負担いただきます。補償の可否はトライケアの規定により決定されますので、補償対象外と判断された場合は患者様へご請求させていただきます。補償内容や対象範囲については、TRICARE へ直接お問い合わせください。なお、TRICARE から加入者様へ補償内容に関するご案内が行われておりますので、あわせてご確認ください。

ご理解とご協力をお願いいたします。

For TRICARE Beneficiaries

Medical services covered by TRICARE will be billed in accordance with TRICARE policies and regulations.

Please note that any medical services or expenses not covered by TRICARE are the patient's financial responsibility.

Coverage determinations are made solely by TRICARE. If TRICARE determines that a service or expense is not covered, the patient will be responsible for all applicable charges.

Please understand that Iwakuni Clinical Center is unable to determine, approve, or explain TRICARE coverage, benefits, or claim decisions. If you have any questions regarding your coverage, covered services, exclusions, or claims, please contact TRICARE directly.

TRICARE provides beneficiaries with detailed information regarding coverage and benefits. Please refer to the materials provided by TRICARE or contact TRICARE directly for additional assistance.

Thank you for your understanding and cooperation.



独立行政法人 国立病院機構

岩国医療センター

National Hospital Organization Iwakuni Clinical Center