

**SELF-FILING  
AND  
HSA/MSA/FSA PATIENT AGREEMENT MEMO**

**TO BE COMPLETED BY PATIENT (OR SPONSOR, IF THE PATIENT IS A MINOR)**

**PRINT (Last Name, First Name, MI)**

- I understand that the medical treatment facility (MTF) is temporarily deferring the issuance of medical bills to civilian non-beneficiary patients. However, I am requesting that my medical bill(s) be released to me so that I may self-file with my insurance carrier by my plan's deadline, and/or to enable me to use my Health/Flexible/Medical Savings Account by my plan's deadline.
- I understand that if I am filing a claim with my health insurance for these medical bills, I must request that my insurance carrier remit payment and Explanation of Benefits (EOB) directly to the MTF for the referenced medical bill(s). I understand that this is necessary so that the MTF can adjust my account to reflect my responsibility for deductibles, coinsurance, co-pays, nominal fees and non-covered services.
- If the insurance payment is issued to me personally, I agree to remit the payment and EOB to the MTF within 120 days from the date the medical bill is provided to me. Otherwise I understand that the MTF will bill me for the full amount of my medical bill(s).

**SIGNATURE**

**DATE**

/ /

**TO BE COMPLETED BY THE MILITARY MEDICAL TREATMENT FACILITY**

**MTF:**

**Medical Bill Number(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Continue on reverse if more space is needed)**

**Date Bill(s) Provided to Patient:**

/ /

**MTF Representative:**

**LAST:**

**FIRST:**

**FOR INTERNAL MTF SUSPENSE FILE**

\_\_\_\_ Patient's insurance payment and EOB were received within 120 days and the patient's account was appropriately updated.

\_\_\_\_ Patient's insurance payment and EOB **were not** received within 120 days of the date the bill was provided to the patient. This memo will be uploaded to the patient's account for reference

**MTF Representative**

**LAST:**

**FIRST:**

**SIGNATURE**

**DATE**

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