

# DS – 3067 INSTRUCTIONS

## For Foreign Service Employees and EFM's Medevaced and Hospitalized in the U.S.

The Department of State Medical Program serves as secondary payer for any eligible patient who is hospitalized for 24 hours or more in the United States for a condition, which was incurred or materially aggravated by that patient's service abroad. (What constitutes hospitalization is determined by the patient's health insurance company). The DOS Medical Program pays the co-payments and residual bills remaining after the insurance company has paid its share. **Deductibles are not reimbursed.** Employees must carry health insurance (the primary payer) in order for the USG to become a secondary payer. Employees who do not carry health insurance will be fiscally responsible for **all** the costs of their health care. Employees with HMO coverage may not be eligible for secondary payer benefits if they are hospitalized outside their HMO network (as when assigned overseas). Similarly, if patients are insured by a PPO, MED **will not** cover the increased cost due to patients using "out-of-network" services. The DOS Medical Program's coverage includes the costs of the hospitalization and outpatient services directly related to that hospitalization, for one year from the date of the first service rendered for that condition.

### *Instructions for using the DS-3067 form:*

Patients should first process bills through their primary insurance carrier. Once the insurance company has paid the bill, it is recommended that the patient pay the remaining amount. In order to obtain reimbursement from the USG, the patient must send the following to MED Claims:

1. **Explanation of Benefits (EOB)** from the insurance company (the form which explains what was and was not paid by insurance)
2. **Copy of the DS-3067** (submit each time bills are submitted)
3. **Complete itemized bill**
4. **Proof of payment** (paid receipt from provider, cancelled check, credit card receipt or other type of receipt) are submitted to Medical Claims for **reimbursement of the allowable charges. The Department's liability is limited to the residual unpaid portion of the primary payer's approved amount.**
5. Include a note asking for reimbursement of the allowable charges.

Two ways to submit the above:

1. Scan and attach to an email to: [MEDClaims@state.gov](mailto:MEDClaims@state.gov) (the preferred method)
2. Fax: 202-663-3858

You can submit claims as they come in. It is imperative that each claim include each of the four items listed above.

If there are questions about this process, or questions about the status of a submitted bill, please call Medical Claims: (202) 663-1886. **The website for frequently asked questions:**

**[MEDCLAIMS@state.gov](mailto:MEDCLAIMS@state.gov)**

Document #	Revision #	Date	Author	Clearance	Reason for Revision
3276	0	8/16/07	KMB	WSG	
	2	1/27/10	GFM	GFM	Change in language (ex. deductibles)
	3	2/23/10	KMB	GFM	Change of address