

ACKNOWLEDGEMENT OF THE ROLE OF THE DCAO

I, \_\_\_\_\_, understand that the role of the Debt Collection Assistance Officer (DCAO) is one of assisting me to resolve an allegation of a debt owed by me for medical services I or my family member received under the TRICARE program. In addition, I understand that any information provided to me by the DCAO is not a substitute for receiving legal advice from a private attorney or my local legal assistance officer.

The DCAO has my consent to contact all necessary agencies – including military personnel offices, military treatment facilities, TRICARE Regional/Area Offices, the TRICARE Management Activity (TMA), regional contractors, creditors who have issued bills, even debt collection agencies if appropriate – in order to research the TRICARE claim involved.

I recognize the role of the DCAO is to research my TRICARE claim, obtain an official determination as to the appropriate resolution of the claim, and provide me with written documentation to address adverse credit information. In the event the regional contractor or the United States Government is the cause of the delay in the payment of a valid claim, I will be provided with a letter from the DCAO to this effect. The letter may be used by the debt collection agency in order for it to make a decision on the debt and to be included in your credit history file.

In the event the DCAO determines the debt appears to be valid, I have the right to continue to challenge the correctness of the debt, including exercising my TRICARE appeal rights. I understand I have the right to seek legal assistance through my legal assistance officer or private attorney.

*I acknowledge and understand the DCAO is NOT acting as my legal representative in this matter and is NOT allowed under the law to act as my advocate on this alleged debt and collection action.*

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Social Security Number