



Emergency and Urgent Care

Tidewater Military Health System - Fiscal Year 2016



In an emergency, call 911 or go to the nearest hospital emergency room (ER). An ER should not be used for routine or non-emergency care. Claims will not be denied if a patient goes to an ER with symptoms appearing to be serious (i.e., chest pain) if the final diagnosis is non-emergency in nature (i.e., indigestion). A patient who seeks treatment in an ER for a condition that never was and never appeared to be an emergency may be liable for part or all of the bill.

- * An emergency is a medical, maternity or psychiatric problem that would lead a person with average knowledge of health and medicine to believe that a serious medical condition exists; that the absence of medical attention would be a threat to life, limb or sight and requires immediate care; or that painful symptoms require immediate attention to relieve suffering.
 - * Pregnancy-related emergencies involve a sudden and unexpected medical complication that puts the mother, baby or both at risk. Most deliveries after week 34 are not considered emergencies.
 - * Care for accidental injury to the teeth or dental pain is not a medical benefit.
 - * TRICARE Prime and Prime Remote beneficiaries should notify their primary care manager (PCM) or Health Net (1-877-874-2273) after receiving ER care. All follow-up care must be coordinated with the PCM, and unauthorized care is subject to Point of Service (POS) fees.
 - * POS does not apply to active duty service members (ADSMs); but they may be responsible for the full cost of unauthorized non-emergency care.
 - * The annual POS outpatient deductible is \$300/person and \$600/family.
 - * The POS cost-share for inpatient and outpatient services is 50% of the TRICARE maximum allowable charge (TMAC), and beneficiaries who use non-participating, non-network providers may also be liable for an additional 15% balance-billing. POS and balance-billing expenses are not credited to the annual catastrophic cap.
 - * Non-Prime beneficiaries (Standard, Extra, TRICARE for Life), or Prime beneficiaries with other health insurance (OHI), do not need to coordinate follow-up care after an ER visit, but should notify their family physician of emergency care received.
- * Urgent care is for non-life-threatening illnesses or injuries, or to prevent the development of a more serious health problem. Urgent needs should be seen within 24 hours. Prime patients must call their PCM first for an appointment.
 - * If an appointment is not available, the patient should be given a referral and authorization to another military treatment facility (MTF), or a civilian network urgent care provider. All follow-up care must be coordinated with the PCM.
 - * Non-Prime patients do not need authorization for urgent care.
- * Any beneficiary wanting to speak with a Registered Nurse about a medical condition, symptoms or treatment options, may call the Nurse Advice Line (NAL) at 1-800-874-2273 for information and advice.



Call 1-800-TRICARE (874-2273); Option 1
24 hours a day, 7 days a week



**Tidewater
Health Benefit Advisors**

Naval Medical Center Portsmouth
(757) 953-2610/2611

Branch Health Clinic (BHC) Dam Neck
953-9322

BHC Norfolk (Sewell's Point)
953-8708

BHC Little Creek (Boone)
953-8182

BHC NAS Oceana
953-3933 (option 7)

BHC NWS Yorktown
953-8441

TRICARE Prime Clinic (TPC) Chesapeake
953-6382

TPC Virginia Beach
953-6710/6711

McDonald Army Health Center
(757) 314-7748/7766/7777

USAF Hospital Langley
225-5111

USCG Training Center Yorktown
(757) 856-2230/2345

McDonald Army Health Center
Joint Base Langley-Eustis
Information: (757) 314-7500

Naval Medical Center Portsmouth
Naval Support Activity
Information: (757) 953-5000

USAF Hospital Langley
Joint Base Langley-Eustis
Information: (757) 225-7630

