

TRICARE – RETIREMENT PROGRAM MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MOU") is made between Bangkok Hospital Udon Company
Limited, 111 Thongyai Rd, Mak Khaeng Sub-district, Mueang Udon Thani District, Udon Thani 41000
(hereinafter referred to as the "Hospital") on the date (DD/MM/YYYY) with
(Mr./Mrs./Miss) , age
Address
holding Passport Number: issued by the United States of America,
having expiry date on (DD/MM/YYYY)
identification number (HN) of(hereinafter referred to as the "Patient")
Whereas, on the date of (DD/MM/YYYY), the Patient has scheduled
an appointment for(Procedure)
or has been admitted for(Diagnosis)
at the Hospital. The Patient is eligible for the TRICARE Overseas Program benefits and is responsible to
pay a portion of the total payment before TRICARE will cover the remaining amount.
Therefore, the parties agree to the principle rule as follows:

- The patient has agreed to place 150USD deductible for the deposit of a medical/surgical procedure cost in the Hospital.
- The Hospital has agreed to reimburse the 150USD deductible depending on how much TRICARE has reimbursed the Hospital.
- The reimbursement money will be paid/credited back to the patient depending on the payment method.
- The patient consent to pay expenses in the event of the TRICARE of the patient rejects to pay partially or all medical expenses due to conditions not covered by the TRICARE



As evidence, the patient hereby sign this Memorandum of Understanding and provide the verified copy of
my passport, proof of Thai long-term resident visa or Thai house registration book, reachable
email: in the presence of a
witness.
SignaturePromisor
(
SignatureHospital Staf
(
<u>Interpreter's statement</u>
I have given a/an language translation of the Memorandum of Understanding (the
"MOU") and/or any additional verbal and written information given to the patient/parent or guardian via
☐ Direct communication ☐ Telecommunication