



*Tricare Breast pump **reimbursement** procedure*

1. Mail **receipt** for breast pump, **Tricare claim forms** (attached) and **prescription** to:

Health Net Federal Services, Inc.
c/o PGBA, LLC/TRICARE
P.O. Box 870140
Surfside Beach, SC 29587-9740

*Any questions regarding Breast pump reimbursement claims please contact Tricare directly.

www.hnfs.com

1-877-TRICARE (1-877-874-2273)