Request for Records Lisposition Authority (See Instructions on reverse)		eave Blank (NARA Use Only)		
To National Archives and Records Administration (NIR) Washington, DC 20408	Job Number	1 - A U	1-10-98 //0	
1 From (Agency or establishment)	Date Received	6179	110	
Department of the Army				
2 Major Subdivision		otification to , nce with the prov		
Office of the Administrative Assistant to the Secretary of the Army	USC 330	3a, the disposition	on request, in-	
3 Minor Subdivision	items that	may be marked "		
Records Management and Declassification Agency	approved"	or "withdrawn" in	column 10	
4 Name of Person with whom to confer 5 Telephone (include area code)		Arch	Mist of the United States	
Shirley Kinson-Jones 703-428-6411	121 Mar	Jas 7	XUK_	
6 Agency Certification				
I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition for disposal on the attached page(s) are not now needed for the business of this a periods specified, and that written concurrence from the General Accounting Office, under the p Guidance of Federal Agencies	agency or will not be	needed after th	e retention	
Signature of Agency Represendence Title			Date (mm/dd/yyyy)	
Richard A Wojewoda, Chief, Rec	ords Management	Division	05/26/2010	
7		9 GRS or Superseded	10 Action taken (NARA	
Number		Job Citation	Use Only)	
1 RN 40-400aaa Title Medical Services Account Authority NN-166-204 PA A0040DASG Description Medical Services Account bills, claims, supporting and financial documents relating to reimbursements received from individuals, agencies or ot health insurance Information relating to the process of billing, collecting, and accounting for medical services provided to patients in or through Army Militar Treatment Facilities Included but not limited to originals or copies of Invoice a Receipts, cash records, schedules of collection, certificates of indebtedness, vou registers, voucher control logs, check logs, records of deposits of negotiable instruments, Deposit Tickets (SF 215), transfer documents and Medical Claim H which may include Medical billing forms (UB-92/UB-04/CMS 1500/UCF), E 2569, insurance/benefit verification worksheets, pre-certification/concurrent rev documentation, payer remittance checks and explanation of benefits, correspond and from payer, follow-up tracking logs or notes, medical records provided to p support claims, etc	ry and uchers, Files, DD Form view dence to payer to			
Disposition TE6 25 Event is fiscal year of date medical care provided Keep CFA until event occurs and then until no longer needed for conducting business retire to the RHA/AEA The RHA/AEA will destroy the record 6 years and 3 m after the event Justification Statue of limitations to pursue collections is 6 years and 3 months Please see attachment	s, then nonths			

. Item 2

RN. 40-400ii Title: Third Party Collection Program Authority: TBD PA: TBD

Description: Third Party Collection Program claims, supporting and financial documents relating to reimbursements received from third party payers. Information relating to the process of billing and collecting for medical services provided to Military Health System non-active duty beneficiaries treated in or through Army Military Treatment Facilities. Included are copies of Medical Claim Files, which may include. Medical billing forms (UB-92/UB-04/CMS 1500/UCF); DD Form 2569; insurance/benefit verification worksheets, pre-certification/concurrent review documentation, payer remittance checks and explanation of benefits; correspondence to and from payer, follow-up tracking logs or notes, medical records provided to payer to support claims, etc.

Disposition: TE6.25. Event is fiscal year of date medical care provided. Keep in the CFA until event occurs and then until no longer needed for conducting business, then retire to the RHA/AEA. The RHA/AEA will destroy the record 6 years and 3 months after the event.

Item 3 RN. 40-400jj Title Medical Affirmative Claims Authority TBD PA. TBD

Description: Medical Affirmative Claims and supporting documents relating to reimbursements received from liable **tort feasor or** third party payers Information relating to recovery of the reasonable value of health care services furnished at government expense as the result of an injury or illness incurred under circumstances creating a tort liability upon a third person or from automobile liability, medical, personal injury protection or no-fault insurance Included are copies of Medical Affirmative Claim files retained by the Uniform Business Office, the originals of which are provided to the Recovery Judge Advocate for assertion, which may include. Medical billing forms (UB-92/UB-04/CMS 1500/UCF/ DA Form 2631/DA Form 3154), DD Form 2569, insurance/benefit verification worksheets, pre-certification/concurrent review documentation; payer remittance checks and explanation of benefits; correspondence to and from payer, follow-up tracking logs or notes; medical records provided to payer to support claims, etc., which

Disposition: TE6.25. Event is fiscal year of date medical care provided. Keep in the CFA until event occurs and then until no longer needed for conducting business, then retire to the RHA/AEA The RHA/AEA will destroy the record 6 years and 3 months after the event