

TRICARE PRIME TRAVEL BENEFIT INTAKE FORM

PATIENT INFORMATION

Patient's Name (first, m ,last): _____ Point of Contact: - -

Patient Status (Check One): ADFM Retiree RET FM Other Patient DOB (mm/dd/yyyy): / /

Gender: Male _____ Female _____

Patient Home #: () - Patient Work #: () -

Patient Address:

City, State, Zip: _____ Email: _____

Sponsor Last four of SSN: _____ Sponsor Status (Check one): Active Duty Retired Sponsor DOB (dd/mm/yyyy): / /

Sponsor Profile In DTS? Yes _____ No _____ **Is Sponsor US Coast Guard? Yes _____ No _____**

Appt. Date (mm/dd/yyyy): _____ **Authorization #:** 0092- -
 Time: _____ am pm Authorization start date- Expiration date: / / - / /
 Departure Date (mm/dd/yyyy) - Return Date (mm/dd/yyyy) / / - / /

Inpatient Care: Yes No
 Adm Date: / /
 Discharge Date: / /

Estimated Mileage One Way
 Mode of Travel: POV AIR Other

CONFIRMATION OF APPOINTMENT DATE AND TIME FROM FACILITY MUST BE INCLUDED

NON MEDICAL ATTENDANT (NMA) INFORMATION

NMA Name (Over age 21): _____ NMA SSN: - -

NMA Status (Check One): Active Duty Active Duty Family Member Retiree Retired Family Member Non-Family with POA

Relationship to Patient (parent, spouse, etc) _____ NMA Daytime #: () -

NMA Address: _____ Non-Medical Approved Yes _____ No _____

City, State, Zip: _____ Via: CHCS Referral Email

*****NON-MEDICAL MUST BE APPROVED BY PCM AND NOTED IN REFERRAL WITH EXCEPTION OF MINORS**

PROVIDER INFORMATION

PCM: _____ PCM Phone: () -

PCM Address including **ZIP code:** 4389 BEAUFORT RD, CHERRY POINT NC 28533

Specialist Name: _____ MD Specialty: _____ Specialist Phone #: () -

Specialist Address including ZIP Code: _____

TRO-North **Preauthorization** of Car Rental or Air Fare: _____ By whom _____ Date _____

PRIME TRAVEL APPROVER (OFFICE USE ONLY)

TRICARE Prime Referral/ Authorization Approver Signature: _____ Date: _____

I HAVE READ AND UNDERSTAND THE RULES AND GUIDELINES OF THE TRICARE TRAVEL BENEFIT AND THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. **I also understand that travel is subject to approval and disapproval each time in compliance with the rules set forth in the TRICARE Prime Travel Benefit Policy.**

SIGNATURE: _____ DATE: _____

PATIENTS ARE RESPONSIBLE FOR OBTAINING ALL REQUIRED INFORMATION AND KNOWLEDGE OF POLICY.



TRICARE TRAVEL BENEFIT/ NAVAL HEALTH CLINIC CHERRY POINT

Prime Travel Benefit Program assists Prime enrollees with expenses incurred for medically necessary **non-emergency** scheduled specialty care **more than 100 miles** (one way) from the Primary Care Manager's (PCM) office. This from is for beneficiaries enrolled to MTF only. If you PCM is a civilian call TRO-North at 1-866-307-9749 or 1-703-588-1869/1867.

Appointment confirmation from the facility must be submitted each time along with intake form. Submit this information before you travel!!!

Required Documentation consists of Intake Form and appointment confirmation from the facility.

Step 1: Fill out attached intake form completely (if there is missing information travel documentation will not be accepted) and turn in all required documentation to the TRICARE Travel Coordinator. Carol.r.zimmerman.civ@mail.mil or may be faxed to: 252-466-0284. All required documentation must be turned in together in order for travel to be approved.

The authorization # is located on the authorization form that you received in the mail from Health Net approving the specialty care. Be sure to include the authorization begin and end date on the intake form. If you did not receive the authorization form you may go online to www.hnfs.com or myTRICARE.com to obtain a copy of the authorization. If you were referred by a civilian network provider you must contact your PCM and request a "TRAVEL Only" referral be entered. You must obtain a copy of the referral from PCM/nurse or Referral Management Department located in Health Care Business in order to get the authorization number to submit with travel claim. Example of Authorization Number is : 0092-160101-12345

Step 2: Once required documents are turned in if research finds that there is a network or non-network provider within 100 miles that automatically disqualifies the beneficiary for the TRICARE Prime Travel Reimbursement and beneficiary will be notified via email. If the care is available within 100 miles you may still keep appointment at the desired location but you will not be reimbursed for travel.

Prime Travel Benefit Eligibility

Patient must be a TRICARE PRIME **Non-Active Duty** enrollee or Medal of Honor Veteran to be eligible for this program. The eligible enrollee must be referred by their primary care manager (PCM) for **medically necessary non-emergency specialty care** more than 100 miles from their PCM's office. **The medical services must be listed in the TRICARE Manual as a covered benefit and entitlement is limited to those specialty referrals when no other specialist (i.e., Military Treatment Facility, network or non-network specialist) is available within 100 miles of the PCM's office.**

Beneficiaries are expected to use the least costly mode of transportation, etc. The TRICARE Prime Travel Benefit Program allows for reimbursement of authorized travel expenses including: fuel, meals, lodging, parking, tolls, air fare, taxi/shuttle, and car rental. **Non-Medical Attendant (NMA)** A Non-Medical Attendant can travel with and/or drive the patient to the specialty care appointment when supported by a doctor's statement that a NMA is "medically necessary and appropriate". The Attendant can be a parent, spouse, legal guardian, or other adult family member. If the Attendant is not the parent, he/she must be 21 years of age or older. If the patient is a minor (under the age of 18) establishment of medical necessity for NMA may be waived. Federal regulations authorize only one NMA. **Civilian Meals - Requires dated AND ITEMIZED receipt from restaurant detailing food items purchased and consumed separately by the patient and NMA in addition to identification of which meal (breakfast, lunch, dinner).** Reimbursement is based on actual expenses, but limited to meal per diem. Tips should be reasonable amount, must be reported on receipt, and is added to the cost of the meal. Tips are not reported separately. If food is purchased at a grocery store, the entire receipt must be included with a total of food item **ONLY FOR PATIENT AND NON-MEDICAL ATTENDANT.** Food receipts must be appropriate and reasonable for age of patient. If hospitalized, it will be assumed that meals are provided by facility. Receipts must clearly report total for each meal reported. **Expenses for alcoholic beverage and associated tax or tips not eligible for reimbursement Lodging** - Requires receipt from the hotel reporting dates of lodging, unit prices, any additional charges such as taxes, and payment in full (zero balance). Lodging reimbursement is limited to per diem rates. Receipt is required for lodging, regardless of amount. Hotel receipt must be in the name of the person submitting for hotel expenses and the person must be an authorized traveler. **YOU ARE ALLOWED TO STAY IN HOTEL IF APPOINTMENT IS BEFORE 1000 Air Fare, Rail Travel, Rental Car – Must be preauthorized. Contact Ed Wafford @ 466-0160.**

After you have turned in all documentation a travel claim will be initiated and sent to Fiscal Department. Upon return from the appointment submit your receipts to the Fiscal Department located on the second deck of the clinic. The point of contact is Ed Wafford @ 466-0160. Contact Mr. Wafford for any questions dealing with financial reimbursements or per diem rates.

For more information on the TRICARE Prime Travel Benefit please visit:

http://www.tricare.mil/Plans/HealthPlans/Prime/TravelReimb.aspx?sc_database=web