

## Air Evacuation (AE) Brief Commercial Travel

Please initial each statement

**Patient Clerk  
initials initials**

**PREPARTION FOR TRAVEL**

- **Referral appointment.**

- Your appointment has been scheduled on (date/time): \_\_\_\_\_
- Your appointment is with (provider): \_\_\_\_\_
- Your appointment is at (clinic/facility): \_\_\_\_\_
- Please arrive 20 minutes early for your appointment.
- Please bring all patient medical records, x-rays, MRI/scans to your appts. (parents will check records out for dependents).
- If you are taking medication, please take a 15 day supply with you.

- **Travel Orders**

- Liason's will turn in Travel Order Request to command/sponsor's command/FMAT.
- Be sure to have TAD/TDY orders prior to departure and provide A/E office with a copy when you pick up your tickets.
- Air/rail tickets will be issued at the AE Office on \_\_\_\_\_.
- Do not make any commercial air travel arrangements without prior consent of the AE office. Personally procured tickets will not be reimbursed.

- **Requirements for travel**

- Please procure your own lodging and let us know where you will be staying (USAF- Billeting will be made for you). Billeting may not exceed authorized per diem rates found at: <https://secureapp2.hqda.pentagon.mil/perdiem/perdiemrates.html>
- If billeting rates are exceeded you will not be reimbursed the difference in rates.
- If assistance is needed in obtaining lodging, please let us know.

Lodging Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmation Number \_\_\_\_\_

- Arrange ground transportation before arrival at referral facility. It is up to your command to determine if a rental car is authorized.
- All patients and non medical attendants must verify travel documents are in your possession prior to departure, to include TAD/TDY orders, valid ID, Passport, American Visa, or Resident Alien Card for non-U.S. citizens.
- Ensure your passport will not expire within 60 days.
- Ensure that you have enough funds (dollars/yen, cash or credit card) to cover transportation, billeting and meals for the expected length of stay prior to travel. If possible request advance per diem from command.

- **Non-medical Attendants (NMA)**

- NMA is \_\_\_\_\_ is not \_\_\_\_\_ authorized.

**ARRIVAL AT REFERRAL FACILITY**

- **Air Evacuation Office/Joint Patient Liaison Office (JPLO)**
  - Contact AE Office/liaison within 24 hours of arrival to provide your local contact information (billeting/phone number). \_\_\_\_\_
  - You must physically check in to the Air Evacuation Office to have your orders endorsed. Failure to check in within 24 hours may result in denial of reimbursement. \_\_\_\_\_
  - Contact JPLO for an extension of TAD/TDY orders if they are due to expire before your treatment is complete. \_\_\_\_\_
- Please bring all medicals records, x-rays, MRI/scans to your appointments. \_\_\_\_\_
- If you have questions/issues with your appointment/treatment notify the Case Manager.
  - Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_
- **Contact your service liaison at the TDY location for assistance in changing return tickets as determined by medical need or further treatment.** \_\_\_\_\_

**RETURN TO HOME STATION**

- Check out with AE/liaison office prior to departure.
  - Ensure medical records are in your possession when you check out. \_\_\_\_\_
  - Failure to check out may result in denial of reimbursement. \_\_\_\_\_
- Return to duty station NLT the day after your appointment. Failure to do so may result in AWOL declaration for active duty members. \_\_\_\_\_
- Keep all receipts and file with your command/sponsor's command for reimbursement. \_\_\_\_\_
- **Retirees/DOD Civilians are not entitled to reimbursement for commercial air.** \_\_\_\_\_
- **FINAL STOP** Check in with home station AE office. Follow up appointments may be required and medical records need to be returned. This final check will ensure continuity of your medical care and maximum reimbursement for medical travel expenses. \_\_\_\_\_

I have been briefed on the above information and have no further questions at this time.

I have received a copy of this brief.

Print Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print CM Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print AE Clerk Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Referral Facility AE/Liaison Office Check in/out***

***Liaison Name:*** \_\_\_\_\_ ***time/date in:*** \_\_\_\_\_ ***time/date out:*** \_\_\_\_\_