

Date:
TCSRC Applicants Full Name:

Social Security Number:
Date of Birth:
Address:

City:
State:
Zip Code:
Phone/Cell Number:

TRICARE Management Activity
Military Medical Support Office
1637 Central Cell
P.O. Box 886999
Great Lakes, IL 60088-6999

Attention: Central Cell

I am requesting coverage for a newly diagnosed medical condition under TRICARE's Transitional Coverage for Service Related Condition Program (TCSRC). My condition is:

(Note medical condition in this space)

I feel I meet the TCSRC requirements listed below and have attached the required documents to support my position.

1. I am currently eligible for care under the Transitional Assistance Management Program (TAMP) as reflected in the Defense Eligibility Enrollment System.
2. I have attached documents that support my position that this newly diagnosed medical condition relates to my time on active duty.

3. I have attached documents from the provider who will be treating this condition which indicate the newly diagnosed condition can be resolved within 180-days from the date I begin transitional coverage.

I understand that if approved for coverage, any treatment I receive under the TCSRC Program will be for this condition and this condition only. I also understand that this benefit does not extend coverage for me or my family for any other health care needs.

I have been advised that if I qualify for TCSRC coverage, there are no copays or cost shares for authorized services. I will contact the regional contractor if I have any claims questions or my TRICARE EOB reflects I am responsible for any copayments or cost shares.

I understand that until I receive approval for the TCSRC program, any costs I incur for care related to this condition will be covered under the TAMP program. If my TAMP eligibility ends before the DoD physician validates I meet the requirements, I will be responsible for all health care costs, but I can submit claims for reimbursement for any care received for up to 180 days after the date of the DoD-physician's validation of my condition.

Sincerely,

Signature