

How to Forward a Line of Duty Determination (LOD) to MMSO

Who This is For National Guard and Reservist.

Background and purpose Line of Duty Determinations (LOD) documents are used to document, establish, manage, and authorize civilian health care for eligible Reservist and National Guard members who are injured or became ill while on active duty.

The Military Medical Support Office (MMSO) is responsible for the authorization of civilian health care for Reservist and National Guard members who are NOT in the catchment area of a Military Treatment Facility (MTF).

Note: The Coast Guard refers to a LOD as Notification of Eligibility (NOE).

Eligibility Reservist and National Guard members who have been issued an LOD for an injury or illness that occurred while on active duty.

Filing Process Follow these steps to forward a LOD to MMSO:

Step	Action
1	Respective service issues the LOD.
2	Unit medical representative completes MMSO Medical Eligibility Verification worksheet, MMSO Worksheet 01.
3	<p>Unit medical representative forwards or FAXes the LOD, copy of orders or drill attendance sheet along with MMSO Medical Eligibility Verification worksheet to the following address/FAX:</p> <p>Military Medical Support Office Attn: Reserve Eligibility P.O. Box 886999 Great Lakes, IL 60088-6999</p> <p>FAX: 847-688-6138 or 6460</p> <p><u>Note:</u> If service member needs care please see MMSO Process Sheet “How to Submit a Request for Pre-Authorization for Line of Duty Medical Care” topic.</p>

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Results and follow up Once the documentation has been submitted to MMSO, units may request authorization for LOD related care through the MMSO LOD section. Units should contact MMSO Customer Service regarding claims related to emergent or urgent care.

Enclosure (1) MMSO Medical Eligibility Verification Worksheet, MMSO Worksheet 01

Point of Contact If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676, ext. 3352
Fax	847-688-6138 or 6460

MEDICAL ELIGIBILITY VERIFICATION

Reserve Component

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then mails or faxes this form and supporting documentation to MMSO (address/FAX # below). *All blocks must be completed.*
<http://www.tricare.mil/mmso>

Section I – Patient Data

1. Branch of Service (✓ one) USAR USNR USMCR USAFR ARNG ANG USCGR

2. Name (last, first, MI):

3. Rank or Grade:

4. SSN

5. Address (street, apt #, city, state, & zip):

6. DOB (YYMMDD):

7. Phone # (included area code):

Section II – Treatment Information

8. Date of injury/illness (YYMMDD):

9. Treatment occurred on (YYMMDD):

10. Duty Dates (YYMMDD):

From:

To:

11. Diagnosis or description of injury/illness and/or Pharmacy Claim (include ICD9 if available):

Section III – Unit Certification of Eligibility

12. Type of LOD/NOE (✓ one):

Informal Formal Admin LOD OCONUS Emergency Post Deployment Health Assessment

13. Name of nearest Military Treatment Facility: _____ which is located _____ miles from the member's: place of duty or residence (✓ one).

14. Current Unit of Assignment (Unit name, staff symbol, code, etc.):

14A. Current Unit UIC/OPFAC

14B. Current Unit of Assignment Address (street, bldg #, city, state, & zip)

14C. Current Unit Phone #
(include area code)

15. Unit POC (Name, Rank and Title):

15A. POC Phone # (include area code)

16. Certification: I certify that this individual is eligible for this care at government expense (CO or Medical Rep. signature):

Signature

Printed Name

Date



STOP

Make sure you have attached the appropriate documents!

Distribution
MAIL and FAX Information:

The following documents must be attached:
Documents should match/cover date in block 8. above.

Approved LOD or NOE (for follow-on care)
and/or

Drill Attendance Sheet or Orders (for initial date of care)
(for USCG: CG-4436B or CG4899)

MAIL this form/attachments to:
MMSO Attn: Reserve Eligibility
P.O. BOX 886999
Great Lakes, IL 60088-6999

FAX this form/attachments to:
847-688-6138 or 6460
Attn: Reserve Eligibility