

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.*
Note: Submit dental claims IAW the Dental Claim instructions on the MMSO Website <http://www.tricare.mil/tma/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 and/or NOE

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:
847-688-6460 or 2134
Attn: Reserve Eligibility