Military Medical Support Office
MMSO Form-02
Rev.7/19/2006

PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE
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.*

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. Patient Home Address (street, apt #, city, state, & zip):		6. DOB (YYMMDD):
		7. Phone #: (include area code)
		8. TRICARE Region (✓ *one*) ☐ *North* ☐ *South* ☐ *West*

Section II – Pre-Authorization Request

9. Date of injury/illness (YYMMDD):	10. Duty dates (YYMMDD): From: to:

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

12. Eligibility documents were submitted to MMSO on: _____. If not, indicate what documents are attached by checking one or both of the following blocks: ☐ LOD *or* ☐ Orders/Attendance Roster.

13. List follow-up care requested:

14. Provider Name:

14a: Provider POC and Phone #:

15. Medical Board Information (Date & MTF name):

16. Profile information/Limited Duty Board Information:

Section III – Unit Certification of Eligibility

17. Name of nearest Military Treatment Facility: _____ which is located _____ miles from the reservist's/guard's ☐ place of duty or ☐ residence (✓ *one*).

18. Unit Name & Address (Unit name, staff symbol, code, street, bldg #, city, state, & zip etc.):	18A. Unit UIC/OPFAC
19. Unit POC (Name, Rank and Title):	19A. POC Phone # (include area code)

20. Certification: I certify that this individual is eligible for this care at government expense:

_____ _____ _____
Signature Printed Name Date

DISTRIBUTION

MAIL this form/supporting documents to:	**FAX** this form/ supporting documents to:
MMSO Attn: Medical Pre-Authorizations P.O. BOX 886999 Great Lakes, IL 60088-6999	847-688-7394 Attn: Medical Pre-Authorizations