

The Military Medical Support Office Reserve Component Process At-a-Glance

The MMSO approves medical claims based on eligibility documents provided by RC commands. Only those claims that are documented or pre-authorized by MMSO will be approved.

The following is a summary of eligibility documents that the MMSO accepts for eligibility determination (by service)

ARMY	NAVY	MARINES	AIRFORCE	COASTGUARD
A MMSO COVERSHEET SHOULD ACCOMPANY ALL ELIGIBILITY DOCUMENTS SUBMITTED				
<i>INITIAL EPISODE OF CARE</i>				
<i>(Any one of the following)</i>	<i>(Any one of the following)</i>	<i>(Any one of the following)</i>	<i>(Any one of the following)</i>	
DA Form 2173 - LOD	Notice of Eligibility (NOE)	Notice of Eligibility (NOE)	AF Form 348 - LOD	Regional POC
DD Form 261 - Formal LOD	Orders	Orders	Copy of Orders /AF 40A	
DA Form 1379 - Attendance Roster	Muster Sheet	Muster Sheet	Attendance Roster	
Reserve Unit sign-in Roster signed by commander / designee		MCMED (NOE in Message format)	RC Cover sheet signed by Med REP	
Active Duty Orders			DD Form 261	
FOLLOW-UP TREATMENT REQUIRES COMPLETED LOD/ NOE AS APPLICABLE				

Eligibility documents can be mailed or faxed to the MMSO.

The Mailing address is:
Military Medical Support Office
ATTN: Reserve Eligibility
PO Box 886999
Great Lakes, IL 60088-6999

The fax number is 847-688-6138, 6137 or 6460 ATTN: Reserve Eligibility

Medical claims must be submitted to the TRICARE Managed Care Support Contractor for the region the member resides in. Only claims on a HCFA 1500 or UB-92 should be submitted to TRICARE. Requests to be reimbursed for prescriptions should be submitted with a DD Form 2642. The addresses for submitting claims by region are available on the TRICARE Website www.tricare.osd.mil/claims.

For more information, visit the MMSO website at
[http://mmso.med.navy.mil/mmso Reserve Component.html](http://mmso.med.navy.mil/mmso%20Reserve%20Component.html)
Or call 888-647-6676.



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<http://mmso.med.navy.mil>

Reserve Component members serving on duty 30 days or less (includes IDT, ADT, AT, ADSW and TTAD) ARE NOT eligible for TRICARE

If a RC Member in one of these duty statuses becomes injured or ill during training and requires medical treatment, they are only entitled to treatment for that injury or illness.

The responsibility for determining eligibility for treatment rests with local commanders in accordance with published service regulations

The Military Medical Support Office (MMSO) approves payment of civilian medical claims. Definitions and guidelines for treatment of RC members are as follows:

In an emergency; care should be obtained from the nearest emergency room. Authorization is not required for emergency treatment, but verification of eligibility is needed before civilian medical claims can be paid.

An emergency is defined as: ***Acute symptoms of sufficient severity that a person can reasonably expect the absence of medical attention to result in placing their health in serious jeopardy, impairment to bodily function or serious dysfunction of any bodily organ or part.***

For "sick call" or urgent care, RC members who reside within 50 miles (or 1 hour drive) of a military treatment facility (MTF) must use that facility. Members residing more than 50 miles or 1 hour may use civilian medical care at government expense. To find the nearest MTF, go to www.tricare.osd.mil/catchmentarea

Follow-up treatment from civilian providers requires pre-authorization from the MMSO.

Routine or preventative health care is not authorized while in a duty status of 30 days or less.

Get PRE-AUTHORIZATION before follow-up treatment is obtained

If a member requires follow-up visits for treatment received during training, this treatment may only be obtained from civilian providers after the member's command has received a pre-authorization from the Military Medical Support Office. The Military Medical Support Office will not give pre-authorization without proper eligibility information from the member's command. Failure on the part of the member or command to get pre-authorization could result in denials of medical claims.

To request pre-authorization, call 888-647-6676, opt 2, or fax MMSO coversheet (available on MMSO website), ATTN: Pre-authorization to: 847-688-7394

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://mmso.med.navy.mil>

Section I – Patient Data

1. Branch of Service (✓ one) <input type="checkbox"/> USAR <input type="checkbox"/> USNR <input type="checkbox"/> USMCR <input type="checkbox"/> USAFR <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> 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): <input type="checkbox"/> Informal <input type="checkbox"/> Formal <input type="checkbox"/> Admin <input type="checkbox"/> LOD OCONUS Emergency <input type="checkbox"/> Post Deployment Health Assessment		
13. Name of nearest Military Treatment Facility: _____ which is located _____ miles from the member's: <input type="checkbox"/> place of duty or <input type="checkbox"/> 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!

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

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

Distribution MAIL and FAX Information:

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

