
37

Army Regulation 40-400

Medical Services

Patient Administration

Headquarters
Department of the Army
Washington, DC
12 March 2001

UNCLASSIFIED

SUMMARY of CHANGE

AR 40-400

Patient Administration

This revision--

- o Clarifies identification procedures using the Defense Enrollment Eligibility Reporting System (para 2-2).
- o Discusses primary care management (para 2-4).
- o Provides non-medical attendant travel guidance (para 2-6).
- o Clarifies coverage of maternity care for active duty members (para 2-8).
- o Requires that surgical intervention for a Reserve Component soldier's preexisting condition will not be performed unless it was incurred or aggravated in the line of duty (para 2-9).
- o Updates consent policy for a nonmilitary patient (para 2-12).
- o Prescribes the following forms formerly prescribed by AR 40-2: DA Form 3981 (Transfer of Patient) (para 2-13); DA Form 4160 (Patient's Personal Effects and Clothing Record) (para 4-4); DD Form 599 (Patient's Effect Storage Tag) (para 4-5); DA Form 4029 (Patient Clearance Record) (para 4-6a(3)); DA Form 3821 (Report of Administrative Officer of the Day) (para 6-2a); DA Form 2984 (Very Seriously Ill/Seriously Ill/Special Category Patient Report) (para 6-2b(1)); DA Form 3894 (Hospital Report of Death) (para 6-4a); DA Form 3910 (Death Tag) (para 6-4b); DA Form 3696 (Patient's Deposit Record) (para 12-4a); DA Form 4128 (Patients' Trust Fund Journal) (para 12-4a); DA Form 3983 (Patients' Trust Fund--Authorization for Deposit or Withdrawal of Funds and Valuables) (para 12-7); and DA Form 4665 (Patients' Trust Fund--Daily Summary Record) (para 12-7).
- o Addresses care beyond a military treatment facility's capability (para 2-14).
- o Adds further information required for requests for authority to engage care (para 2-14).
- o Updates Department of Defense abortion policy in military treatment facilities (para 2-18).
- o Clarifies when applicants for enlistment or reenlistment may be hospitalized (para 3-6).
- o Updates dental care entitlements of family members (para 3-11).
- o Clarifies eligibility for nonappropriated fund Federal employees (para 3-15).

- o Entitles Department of Defense employees to free care if given in occupational health or Office of Workers' Compensation Programs (paras 3-15 and 3-24).
- o Implements Department of Defense Instruction 6015.23, Delivery of Health Care at Military Treatment Facilities (MTFs) dated 9 December 1996 (para 3-21a.)
- o Prescribes the following forms formerly prescribed by AR 40-330: DD Form 7 (Report of Treatment Furnished Pay Patients: Hospitalization Furnished (Part A) (para 3-21b(3)); DD Form 7A (Report of Treatment Furnished Pay Patients: Outpatient Treatment Furnished (Part B) (para 3-24b(3)(b)); DA Form 3154 (MSA Invoice and Receipt) (para 11-7a); DA Form 3153 (Medical Service Account Patient Ledger Card) (para 11-9); DA Form 3155 (MSA Cash Record) (para 11-9); and DA Form 3929 (MSA--Accounts Receivable Register and Control Ledger) (para 11-9).
- o Clarifies Office of Workers' Compensation Program coverage in accident cases and during travel (para 3-24).
- o Provides a notification point of contact for hospitalized Public Health Service or National Oceanic and Atmospheric Administration officers (para 3-25).
- o Clarifies eligibility and charges of former officers of Public Health Service and National Oceanic and Atmospheric Administration and their newborn infants (para 3-25).
- o Redefines authority for Secretary of the Army designees and articulates eligibility for nonactive duty chaplains at the United States Military Academy (para 3-50).
- o Adds a new eligibility paragraph addressing family members of certain sentenced, discharged, or dismissed members (para 3-52).
- o Explains eligibility for volunteer subjects in approved Department of the Army research projects (para 3-56).
- o Adds a new paragraph addressing evaluation of suspected Service connected conditions and persons with extended medical benefits (para 3-61).
- o Explains eligibility of donors and recipients of organ transplants performed in military treatment facilities (para 3-63).
- o Adds a new paragraph addressing health benefits of unremarried former spouses (para 3-66).
- o Implements North Atlantic Treaty Organization (NATO) standardization agreements (STANAGs) 2061, 2101, 2132, and 3113; American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470; and Standardization of Certain Aspects of Operations and Logistics (SOLOG) 74 (chaps 3 and 4).
- o Clarifies policy on patient absences from military hospital wards (para 4-1).

~~o Rescinds eligibility for care of participants in Domestic Action Programs (formerly para 4-63).~~

- o Rescinds eligibility references to the Citizens Military Training Corps (formerly para 5-3).
- o Prescribes the following forms formerly prescribed by AR 40-3: DD Form 675 (Receipt for Records and Patients Property) (para 5-18a(6)(a)); DA Form 3947 (Medical Evaluation Board Proceedings) (para 7-8a); DA Form 4707 (Entrance Physical Standards Board (EPSBD) Proceedings) (para 7-11a); DA Form 4159 (Request for Medical Care in a Federal Medical Treatment Facility Outside Department of Defense) (para 9-5).
- o Allows telephonic notification of an active duty general officer hospitalization (para 6-3).
- o Adds a further address for copy of medical board proceedings pertaining to Medical Corps officers (para 7-13).
- o Explains the managed care benefit of the Uniformed Services Family Health Plan (para 9-8).
- o Adds a listing of Uniformed Services Family Health Plan locations (fig 9-1).
- o Clarifies how to acquire care for active duty personnel stationed in remote areas (para 10-6).
- o Includes Civilian Health and Medical Program of the Uniformed Services maximum allowable claims payment guidance (para 10-9).
- o Clarifies how to assess charges for outpatient care provided to reimbursable patients (para 11-14).
- o Authorizes payment by credit card for medical services account collections (para 11-16).
- o Prescribes DA Form 2631 (Medical Care--Third Party Liability Notification) formerly prescribed by AR 40-16 (para 13-1).
- o Incorporates the Third Party Collection Program (chap 14).

- o Clarifies charges for foreign nationals (app B)
- o Rescinds the use of DA Form 2789-R (Medical Summary Report-Section I (LRA)); DA Form 2789-1-R (Medical Summary Report-Section II (LRA)); DA Form 2789-2-R (Medical Summary Report-Section III (LRA)); DA Form 2789-3-R (Medical Summary Report-Section IV (LRA)); DA Form 2789-4-R (Medical Summary Report-Section V (LRA)); DA Form 3156 (Statement of MSA Accountable Patient Days and Reimbursements); DA Form 3158 (Statement of MSA Dining Hall Cash Receipts and Meals Served); DA Form 3586 (Report of Professional Officer of the Day); DA Form 3904 (Public Voucher for Medical Examination); DA Form 4167 (Ward Pass List); DA Form 4303 (Titling Card, Photo Fluorographic Film); DA Form 4375 (Patient's Interward Transfer); DA Form 4582-R (Inpatient Accounting System Admission Record (LRA)); DA Form 4593 (MSA Transaction Card); DA Form 4595-R (Inpatient Admission System For the Medical Summary Report); DA Form 5663-R (Confidential Affidavit of Financial Status); DA Form 5664-R (Promissory Note in Repayment of Preexisting Debt); RCS MED-16 (The Special Telegraphic Report of Selected Conditions); RCS MED-302 (Medical Summary Report System); and RCS MED-345 (Individual Patient Data System).

Effective 12 April 2001

Medical Services

Patient Administration

By Order of the Secretary of the Army:

ERIC K. SHINSEKI
General, United States Army
Chief of Staff

Official:



JOEL B. HUDSON
Administrative Assistant to the
Secretary of the Army

History. This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

Summary. This consolidated regulation prescribes policies and mandated tasks governing the management and administration of patients. It includes DOD and statutory policies regarding medical care entitlements and managed care practices. It also implements North Atlantic Treaty

Organization and American, British, Canadian, and Australian approved standardization agreements.

Applicability. This regulation applies to the Active Army and Reserve Components. It also applies to medical department activities, medical centers, dental activities, and organizations for which the Army Medical Department is the executive agent. This publication is applicable during mobilization.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate this approval authority, in writing, to a division chief within the proponent agency in the rank of colonel or the civilian equivalent.

Army management control process. This regulation contains management control provisions and identifies key management controls that must be evaluated.

Supplementation. Supplementation of

this regulation and establishment of command and local forms are prohibited without prior approval from Headquarters, Department of the Army (OTSG) (DASG-HSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to OTSG (DASG-HSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Distribution. This publication is available in electronic media only and is intended for command levels B, C, D and E for the Active Army, C, D, and E for Army National Guard of the United States, and B, C, D, and E for U.S. Army Reserve.

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*This regulation supersedes paragraphs 1-2, 1-3, 1-6, and chapters 2, 4, and 6 of AR 40-2, dated 3 March 1978; chapters 1, 3, 4, 5, 6, 7, 8, 13, 14, 15, 16, and all portions of chapter 2 except paragraphs 2-11 and 2-22 of AR 40-3, dated 15 February 1985; AR 40-16, dated 8 August 1974; chapter 5 of AR 40-330, dated 25 February 1988; and AR 40-400, dated 1 November 1983. It rescinds DA Forms 2789-R, 2789-1-R, 2789-2-R, 2789-3-R, 2789-4-R, 4582-R, and 4595-R, all dated September 1983; DA Form 4593 dated March 1977; DA Form 4375 dated July 1975; DA Form 4167 dated October 1973; DA Form 3904 dated August 1972; DA Form 4303 dated August 1974; DA Form 3586 dated April 1970; DA Form 3156 dated July 1978; DA Form 3158 dated July 1966, DA Forms 5663-R and 5664-R, both dated September 1987; and RCS MED-16, RCS MED-302, and RCS MED-345.

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Glossary

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Chapter 1 Introduction

1-1. Purpose

This regulation assigns responsibilities and provides guidance on patient administration in Army regional medical commands (RMCs) and military treatment facilities (MTFs).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. The Surgeon General (TSG) develops policies governing the provision of patient administrative services for U.S. Army MTFs worldwide.

b. Major overseas commanders and commanders of U.S. Army Medical Commands are responsible for the administration of patients receiving care in MTFs under their jurisdiction.

c. RMC and MTF commanders are responsible for the administration of patients receiving care under their jurisdiction.

d. Patient administrators provide guidance on policies, procedures, and practices prescribed in this regulation.

Chapter 2 Patient Policies

2-1. Eligibility verification

The Military Installation Identification Card Issuance Activity establishes an individual's eligibility for medical care. The commander of an Army MTF will confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) or identification (ID) card verification. Eligibility issues will be referred to the patient administrator.

2-2. Identification procedures

a. All persons, including soldiers in uniform, must show satisfactory evidence of their beneficiary status. A valid ID card and enrollment in DEERS will establish beneficiary status. Children under age 10 must be enrolled in DEERS, but are not routinely issued an ID card. Secretary of the Army designees are issued a letter from the U.S. Army Medical Command (USAMEDCOM) or the MTF commander where designee status has been delegated, (see para 3-50) which establishes their beneficiary status. They are not enrolled in DEERS and will not have an ID card. Discharged female members who require maternity care establish beneficiary status with a copy of their DD Form 214 (Certificate of Release or Discharge from Active Duty).

b. Types of Uniformed Services ID cards (AR 600-8-14) are as follows:

(1) DD Form 2A(ACT) (Active Duty Military ID Card) (green for active duty (AD)), red for Reserve Component (RC), and gray or blue for retirees).

(2) DD Form 1173, (Uniformed Services Identification and Privilege Card), (tan, for family members, civilian overseas, and foreign military personnel/family members).

(3) Public Health Service (PHS) Form 1866-1 (Commissioned Officers Identification Card-Active Duty) for the Commissioned Corps of the PHS, and PHS Form 1866-2 (Commissioned Officers Identification Card-Inactive Reserve) for Reserve PHS personnel. The forms are for informational purposes only.

c. MTF personnel will not provide routine care to patients with questionable eligibility. When proper identification is not available and no emergency exists, a statement of eligibility should be initiated by the MTF personnel and signed by the sponsor prior to delivery of care. The statement of eligibility will be forwarded to the MTF medical services accountable officer (MSAO). If proof of eligibility is not provided within 30 days, the patient will be billed as an emergency nonbeneficiary. In an emergency, medical care will be rendered before eligibility determination. Ineligible patients will be treated only during the period of the emergency. (See para 3-55.)

2-3. Priorities

When an MTF commander must refer care to eligible beneficiaries because of a temporary lack of access, a priority system will be used as specified in a through c below. The MTF commander must coordinate care for all beneficiaries based upon access and capabilities. Beneficiaries enrolled in the TRICARE Prime option at an MTF are provided space-required care and not space-available care in compliance with the TRICARE access standards. Beneficiaries

participating in the TRICARE Standard and Extra options are provided space-available care in MTFs. The medical or dental Army MTF commander will have final authority regarding whether or not a beneficiary will be seen in the facility. A nonavailability statement for authorized nonemergency inpatient care is required for non-enrolled Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) beneficiaries. The first level of appeal for decisions surrounding nonavailability statement issuance is the MTF commander, the second level appeal is the RMC commander, and the third and final level of appeal is the USAMEDCOM (MCHO-CL-M).

a. General rule. Among the following beneficiary groups, access priority for care in MTFs where TRICARE is implemented will be as follows:

- (1) AD members;
- (2) AD members' family members who are enrolled in TRICARE Prime;
- (3) Retirees, their family members and survivors who are enrolled in TRICARE Prime;
- (4) AD members' family members who are not enrolled in TRICARE Prime; and
- (5) Retirees, their family members and survivors who are not enrolled in TRICARE Prime.

b. Special provisions. In applying the general rules, the following special provisions are applicable:

(1) Military members not on AD but entitled to MTF care, are associated with priority group 1. This includes RC members entitled to medical care relating to conditions incurred in the line of duty (LD) and members on the temporary disability retired list (TDRL) for required periodic medical examinations.

(2) North Atlantic Treaty Organization (NATO) and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1 for the scope of services specified in the agreement.

(3) NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2 for the scope of services specified in the agreement.

(4) Survivors of sponsors who die on AD, as provided in section 1076(a), title 10, United States Code (10 USC 1076(a)), are, for purposes of MTF access, considered together with dependents of AD members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.

(5) Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.

(6) Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable Department of Defense (DOD) Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

c. Exceptions to general rules. In the following instances, MTF commanders have discretion to grant exceptions to priority access rules.

(1) A higher priority may be given to a secretarial designee, to the extent appropriate to the context in which secretarial designee status is given.

(2) A higher priority may be given to an AD members' family member who is in priority group 4 owing to the unavailability of TRICARE Prime at the place of the sponsor's assignment (for example, a remote continental United States (CONUS) or outside the continental United States (OCONUS) location), when the family member is temporarily in a location where TRICARE has been implemented and needs medical care.

(3) To the extent authorized by the ASD(HA) for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent, a patient may be given a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities. Mechanisms to implement this policy could include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care managers (PCMs) of a limited number of individuals not eligible for TRICARE Prime enrollment.

(4) A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF commander determines, in coordination with the TRICARE Lead Agent, that a special exception is in the best interest of the military health system and TRICARE.

(5) In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.

(6) Other priority groupings are not authorized.

2-4. Primary care management

AD soldiers are assigned a PCM. (See glossary.) The soldier will report to the PCM for sick call (AR 40-66). Nonactive duty (NAD) TRICARE eligible beneficiaries, who choose to enroll, will be assigned a PCM. Other categories of beneficiaries may also be assigned PCMs as approved by the Army MTF commander.

2-5. NATO STANAG/ABCA QSTAG/SOLOG agreements

This regulation implements NATO standardization agreements (STANAGs) 2061, 2101, 2132, and 3113; American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470; and Standardization of Certain Aspects of Operations and Logistics (SOLOG) 74 in chapters 3 and 4.

2-6. Commercial transportation or travel and nonmedical attendant travel

a. The cost of commercial or privately owned transportation and per diem for Army AD soldiers and required attendants for the purpose of receiving outpatient medical or dental care is chargeable to the operating funds of the unit to which the member is assigned. This policy applies to members assigned to Army activities worldwide and those assigned to other departments or agencies in CONUS. Inpatient travel is funded by the operational funds of the MTF.

b. A medical officer may recommend that a family member be accompanied by a nonmedical attendant (NMA). The NMA is warranted when the family member is not able to travel alone because of physical or mental incapacity or age. In CONUS, only the AD soldier may be an attendant to the family member with the exception of travel to specialized treatment services (STSS). (See para 2-6e.) The AD soldier is entitled to reimbursement for costs of transportation and enroute per diem; there is no entitlement at the treatment site. The unit commander of the AD soldier determines if, and for how long, a member may perform NMA duties. The NMA duties may be performed in an ordinary leave status, funded temporary duty (TDY) by MTF with concurrence of resource management, or permissive TDY status. Travel of the AD soldier's dependents stationed OCONUS is authorized for medical care. Dependent travel from or within OCONUS locations is authorized on invitational travel orders (ITOs). An NMA may be recommended by a medical officer. In OCONUS sites, anyone capable of performing the NMA duties may be assigned and reimbursed for costs of transportation and expenses at the treatment location (Joint Federal Travel Regulation (JFTR)).

c. A medical officer may recommend that an AD soldier or dependent of an AD soldier, and TDRL personnel, (but not a retiree-except a retiree on the TDRL as noted in AR 635-40-nor a dependent of a retiree) be accompanied by an NMA. A soldier may serve as an NMA. Family members or other nonmilitary persons may receive travel reimbursement as an NMA for escorting AD members CONUS or OCONUS. Family members or other nonmilitary persons may receive travel reimbursement for escorting AD dependents OCONUS. An AD soldier may be reimbursed for travel and per diem expenses while serving as an NMA. The unit commander determines if and for how long, a soldier may perform NMA duties. A soldier may perform NMA duties in an ordinary leave status, permissive TDY, or in a funded TDY status. When NMA duties are authorized with Government funds for AD outpatients, the costs of lodging and per diem are chargeable to operational funds of that soldier's unit. For AD inpatients, travel and per diem and expenses of NMAs are chargeable to MTF funds (JFTR, volume I, paragraph U7550-6, and Joint Federal Travel Technical Messages 5-93, 7-93, and 7-97).

d. Retired members and their dependents have no financial entitlement for their travel except TDRL members when they are reporting to the MTF for TDRL re-examination. Travel may be accomplished on Government transportation on a space-available basis.

e. In those cases where it is financially advantageous for the Government to treat a patient in an STS facility, an attendant may be authorized when a patient is unable to travel unattended. The attendant may be any person suitable to perform the required attendant duties; this person may be reimbursed for travel expenses. Entitlement is defined in JFTR, Volume 1, paragraph U-7950 and U-7951.

2-7. Medical examinations for insurance purposes

Subject to access and available resources, examinations may be provided for those authorized persons defined in chapter 3. The examinee is entitled to a written report of the examination. Insurance companies will be charged search and copying fees when a request for a report of examination is received.

2-8. Maternity care for active duty members

Army soldiers who become pregnant while on AD and who remain on AD are authorized maternity care in Uniformed Services MTFs. They are also authorized maternity care from civilian sources as described in a and b below.

a. Physical limitations of pregnant soldiers. A pregnant soldier will continue to perform duties, limited by physical profile as outlined in AR 40-501. If the member remains at her duty station, maternity care will be provided at the MTF serving the station if obstetrics and gynecology (OB/GYN) services are available and the member resides and works within 50 miles of the MTF. Active duty members (ADMs) who reside and work more than 50 miles from an MTF are required to enroll in the TRICARE Prime Remote Program (TPRP). As a general rule, pregnancy care for soldiers enrolled in TPRP will be provided locally by a TRICARE-authorized civilian provider. Upon discharge from the hospital following delivery and when medically indicated, the member may, upon recommendation of the attending physician, be granted convalescent leave per AR 600-8-10.

b. Maternity care while in a leave status. A pregnant soldier may elect to take leave and deliver in the vicinity of her leave address. When such leave is contemplated, the member will be counseled by the leave approving authority and local MTF PCM about requirements for obtaining maternity care from civilian sources. If the member's leave address is within 50 miles of an MTF that offers OB/GYN services, maternity care will be provided at the MTF.

c. Existed prior to service (EPTS) pregnancy-RC members. An RC member who is pregnant at the time of entry on active duty for training (ADT) for a period of 30 days or less is authorized only emergency care for that pregnancy.

2-9. Remediable physical defects developed in the military service

When a medical examination shows that an Army soldier has developed a remediable defect, the patient will be offered the opportunity of surgical repair or other medical treatment if medically indicated. If the soldier refuses surgery, other

treatment, or other diagnostic procedure, which is considered necessary to enable the person to properly perform their military duties, the provisions of AR 600-20 apply. In the case of Navy or Air Force patients, the matter will be referred to the nearest headquarters of the Service concerned. Surgical intervention will not be performed to correct a preexisting condition in the case of an RC member unless there is an LD determination that the condition was incurred or aggravated in the LD.

2-10. Hospitalization before the effective date of separation or retirement orders

When a military patient is hospitalized before the effective date of separation or retirement orders, notification procedures in AR 600-8-24 for officers and in AR 635-200 for enlisted personnel apply.

2-11. Statements of prolonged hospitalization

An MTF commander is authorized to issue a statement of prolonged hospitalization for a period exceeding 90 days (JFTR, 37 USC 554). The statement will be sent to the installation transportation officer who will instruct and assist the patient in arranging for transportation of family members and household goods. This statement is not required when the member is transferred on permanent change of station (PCS) orders from OCONUS to a CONUS MTF.

2-12. Consent by a nonmilitary patient to medical care

a. Legality of consent. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law, or as modified in overseas locations by Status of Forces Agreements (SOFA).

b. Requirement for consent. A nonmilitary person may not be furnished care in Army MTFs without his or her consent or the consent of a person authorized under applicable local law, court order, or power of attorney to consent on the patient's behalf. Except for emergencies, when a patient for some reason other than a judicial determination of mental incompetency is unable to consent, consent must be obtained from the person whom local law determines is authorized to consent on the patient's behalf. When a judicial determination of mental incompetency has been made, consent must be obtained from the person whom the court appoints to act for the incompetent patient. In the absence of any governing State law provision regarding surrogate consent, the consent of the spouse or next of kin is required. Questions concerning consent requirements or authority to consent will be referred to the servicing Staff Judge Advocate (SJA) or legal advisor.

c. Form of consent. Consent may be either express or implied.

(1) *Implied consent.* Implied consent may be inferred from actions of the patient, or other circumstances, even though specific words of consent are not used. For example, a patient's application for admission to an MTF is implied consent to hospitalization. If the patient is a minor incapable of giving consent, implied consent of the parent or guardian may be found in actions of the parent or guardian requesting or not objecting to medical care for the minor. Moreover, consent to treatment is implied in certain emergency situations when patients are incapable of giving or denying consent and their condition represents a serious or imminent threat to life, health, or well-being.

(2) *Express consent.* Express consent involves a statement of consent to proposed medical care made by the patient or person authorized to act on the patient's behalf. Express consent may be valid whether it is oral or in writing. However, written consent must be obtained for both inpatients and outpatients before performing the procedures outlined in d below.

(3) *OF 522 (Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures).* This form will be used to record express written consents. (See d and e below.) Keep a record to document consent when there are local legal consent requirements that cannot be adequately captured on OF 522.

(4) *DA Form 4359-R (Authorization for Psychiatric Service Treatment).* This form will be used for admission of patients to psychiatric treatment units. In such cases, OF 522 will also be completed.

d. Procedures requiring written consent. Requests for the procedures in (1) through (7) below must be recorded on OF 522. (In the case of dental care, one OF 522 may be used to record a complete course of treatment, as appropriate.) Any questions about the necessity or advisability of a written consent should be resolved in favor of obtaining a written consent.

(1) All surgery involving entry into the body by an incision or through one of the natural body openings.

(2) Any procedure or course of treatment in which anesthesia is used, whether or not entry into the body is involved. This includes dental procedures involving the use of either general anesthetic, intravenous sedation, or nitrous oxide sedation.

(3) All nonoperative procedures that involve more than a slight risk of harm to the patient or that involve the risk of a change in body structure.

(4) All procedures in which x ray, radiation, or other radioactive substance is used in the patient's treatment.

(5) All procedures that involve electroshock therapy.

(6) All transfusions of blood or blood products.

(7) All other procedures that, in the opinion of the attending physician, dentist, chief of service, clinic chief, or the commander, require a written consent.

e. Counseling before obtaining consent. The physician, dentist, or other health care provider/practitioner who is to

perform or supervise the procedure will counsel the patient or the consenting person as appropriate to provide the basis for an informed consent. (See legal requirements in f. below.) In written consents, any exceptions to surgery or other procedures made by the consenting person will be recorded by the health care provider/practitioner on OF 522. When all the data in Parts A and B of OF 522 are completed, the counseling must be attested to by signatures of the counseling health care provider/practitioner and the consenting person in Part C of OF 522.

f. Sufficiency of consent. The consenting person must be legally capable of giving consent and must understand the nature of the procedure, the attendant risks, expected results, possible alternative methods of treatment, and the prognosis if treatment is not given. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law or as modified in overseas locations.

g. Nonmilitary minors. The sufficiency of consent by a nonmilitary minor to medical or dental examinations or treatment will be determined under the same criteria as provided in f above. Most States have laws concerning consent by minors. Many States allow the treatment of venereal disease and certain other conditions with the consent of the minor alone, without parental knowledge or consent. If no law exists on the subject or if the law does not specifically prohibit consent by a minor, the maturity of the minor should dictate whether he or she may give a legally sufficient consent. The health care provider/practitioner obtaining the consent will determine the maturity of the minor. The minor's age, level of intelligence, and the minor's understanding of the complications and seriousness of the proposed treatment are all factors to consider when determining the maturity of the minor. When the minor's consent alone is legally sufficient, the minor's decision to authorize or reject the proposed treatment is binding. Even when the minor's consent alone is not legally sufficient, his or her consent should be obtained along with the parent's consent whenever the minor is able to understand the significance of the proposed procedures. If there is a question as to the sufficiency of the minor's consent, the servicing SJA or legal advisor will be consulted.

(1) If not prohibited under the laws of the State in which the MTF is located, parents may grant powers of attorney to authorize other persons to consent to medical care for minor children. Mature minor children may be granted authority to consent to care for themselves and other minor children of the family or to other persons appointed by the parents or legal guardian. Members of Army MTF staff may not accept appointment as a special attorney for this purpose unless based solely on a personal relationship with the sponsor. A health care provider/practitioner who accepts such appointment will not consent to any treatment he or she authorizes or performs unless approved by the MTF commander or designee.

(2) Persons who wish to execute a power of attorney will be referred to the appropriate SJA or legal office for assistance.

h. Military minors. Members of the Uniformed Services who would otherwise be minors under local law are considered to be emancipated and capable of consent as if they were adults, subject to command aspects of medical care for AD soldiers as described in AR 600-20.

i. Sterilization of mental incompetents. A determination of the specific authority of parents, courts, or other third parties to consent to or authorize the sterilization of mental incompetents in the State where the MTF is located will be coordinated with the local SJA or servicing legal advisor before performing the procedure.

j. Psychiatric disorders.

(1) The MTF commander may temporarily detain, without a court order or consent, nonmilitary beneficiaries with a psychiatric disorder which makes them dangerous to themselves or others when such person is found on the military reservation where the MTF is located. Temporary involuntary detention will conform with local law, and the local civilian authorities will be notified immediately upon detention of a nonmilitary psychiatric patient.

(2) Movement of nonmilitary psychiatric persons without proper consent or court order normally will not be done under the auspices of an Army MTF.

(3) The validity of a court order directing involuntary confinement or treatment of a patient in an Army MTF is a matter for review, in each instance, by the proper SJA or legal advisor.

(4) See paragraph 5-23 concerning evacuation of nonmilitary psychiatric patients in foreign countries.

k. Advance directives (living wills and durable powers of attorney for health care). (AR 40-3, chap 2).

l. Autopsy consent. (See para 6-5.)

2-13. Patient transfers

Patients will be treated at the lowest echelon equipped and staffed to provide required medical care consistent with evacuation policies. When required care is not available, patients will be transferred to the nearest Armed Forces MTF or other Federal MTF for which they are eligible that has the required capability. The patient may also be referred to TRICARE service centers for coordination/assistance related to transfers. Government transportation of the military patient and one or more attendants, if required, is authorized. DA Form 3981 (Transfer of Patient) or a medical staff approved locally developed form may be used to communicate among the transferring physician and other MTF staff elements. DA Form 3981 is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (WWW.usapa.army.mil).

2-14. Care beyond an MTFs capability

a. Health care services are authorized to eligible beneficiaries in three ways. First is the direct care system where all DOD beneficiary categories are entitled to receive health care benefits, with AD soldiers having priority access to care. (See chaps 2 and 8.) Second, DOD is authorized to contract for health care services from Governmental and non-Governmental health care sources with reimbursement to participating providers/practitioners under the TRICARE Program. Third, under the Supplemental Care Program, DOD may use funds to obtain civilian health care for eligible beneficiaries when that care is not available in the MTF. The primary use of supplemental care is to ensure that AD soldiers receive all necessary health care services. The process for obtaining civilian specialty and inpatient care through the Supplemental Care Program for AD members will be the same as that established for NAD TRICARE Prime enrollees. The PCM is responsible for referring the patient for specialty care, and the health care finder arranges for civilian care in the contractor's TRICARE network if the care is not available in the MTF. The managed care support (MCS) contractor will then adjudicate the claim in the same fashion as applied to other TRICARE Prime enrollees except that a copayment will not be applied. The MTF will retain clinical responsibility for the AD member via the PCM and administrative oversight of supplemental care payment issues will remain a responsibility of the MTF commander. The reimbursement for care beyond the MTFs capability will be according to tables 2-1 through 2-3.

b. Supplemental care on an inpatient basis will be carefully monitored through the hospital utilization management program.

c. AD patients receiving inpatient supplemental care in another facility will not be counted as occupying a bed in an Army MTF but will be continued on the inpatient census. Also, the patient will be accounted for under "change of status out." (See chap 3.)

d. Under TRICARE, the MCS contractor's health care finder will assist with referrals to network providers, where available. If a network provider is not available, the referral will be made to a TRICARE authorized provider. This includes AD referrals. All medical services requested under TRICARE must be reviewed for medical necessity as required by the MCS contract prior to approval by the MTF. Emergencies are exempt from this requirement.

e. The MCS contractors will process all claims for AD. Claims of RC soldiers for medical care associated with LD injuries or illnesses will be processed using the same procedures.

f. The authority for all Department of Veterans Affairs (VA)/DOD Health Care Resources Sharing Program Agreements is Public Law 97-174. Provisions of the memorandum of understanding between the VA and DOD entitled, VA/DOD Health Care Resources Sharing Guidelines, dated 29 Jul. 83 apply.

2-15. Admission of psychiatric patients

Beneficiaries may be admitted to closed psychiatric wards when they have a mental illness that renders them dangerous to themselves or others.

a. *Nonmilitary patients.* All psychiatric patients should meet Mental Health Service Intensity criteria before being admitted. Psychiatric patients will not be provided prolonged hospitalization or domiciliary care.

b. *Military family members.* Family members will not be admitted to an Army MTF when their needs are only for domiciliary or custodial care. Family members may be hospitalized for chronic conditions and nervous, mental, and emotional disorders that require active and definitive treatment. Admission will be according to the order of priority in paragraph 2-3.

2-16. Ancillary medical services

Ancillary services (for example, pharmacy services, medical laboratory procedures, immunizations, and medical x rays) may be provided to family members and retired members who receive care from civilian sources subject to the availability of space, facilities, and the capabilities of the professional staff.

2-17. Family planning services

a. Family planning services (for example, counseling, prescription of oral contraceptive pills, and prescription of other methods of contraception) may be furnished to eligible persons requesting such care at Army MTFs. They will be provided to the extent that professional capabilities and facilities permit. When capability is limited or absent, referral to other agencies at no expense to the Government may be arranged through the MTF social work service.

b. Surgical sterilization may be performed in Army MTFs subject to the availability of space and facilities and the capabilities of the medical staff. Prior written consent will be obtained from the patient. (See para 2-12.) Also see paragraph 2-12 for special consideration relative to sterilization in the case of mental incompetents.

2-18. Abortions

a. Abortions may be performed in Army MTFs at Government expense only when the life of the mother would be endangered if the fetus were carried to term.

b. Eligible beneficiaries may obtain abortions in overseas Army MTFs on a prepaid basis only if the pregnancy is the result of rape or incest. Prepaid abortions for rape and incest are not available in stateside Army MTFs. Charges for prepaid abortions for all beneficiaries, including AD soldiers, will be based on the established full reimbursement rate

for same-day surgery for the particular category of patient. The laws of the host nation apply when performing abortions under this paragraph.

c. Abortions for other than AD soldiers will be subject to the availability of space and facilities and the capabilities of the professional staff. Abortion procedures are also subject to the priorities listed in paragraph 2-3. Written consent of the patient is required before the procedure. Consent of unemancipated minors will be obtained according to paragraph 2-12. After an abortion, any restrictions or limitations needed for AD soldiers will be determined by the proper medical authority under AR 40-501, chapter 7.

d. Medical care in Army MTFs as authorized by paragraph 3-39 for former soldiers who are pregnant at the time of separation may include abortions as authorized in a and b above. Follow up and initial family planning counseling may also be furnished if indicated. Transportation for such care will be at the former soldier's expense.

e. Aeromedical transportation may be provided on a prepaid basis (that is, the patient pays the cost of the service in advance) to eligible beneficiaries for abortions or abortion consultation services under the following conditions.

(1) For OCONUS sites, intratheater aeromedical transportation is authorized for AD soldiers and other beneficiaries in overseas areas who do not qualify for abortions at Government expense when there is a lack of access to acceptable civilian health care facilities for abortion or abortion consultation due to cost, unavailability of transportation, or cultural and language barriers. In these cases, the abortion or abortion consultation services may be performed at the nearest capable MTF on a prepaid basis.

(2) In CONUS, aeromedical transportation is authorized for AD soldiers who do not qualify for abortions at Government expense if they require professional abortion consultation which is not available locally.

f. Army Medical Department (AMEDD) personnel do not have to perform or take part in procedures authorized by this paragraph that violate their moral or religious principles. Moral or religious objections will be considered as lack of capability to provide this care.

g. When an Army MTF does not have the space, facilities, or staff capability to perform authorized sterilization and abortion services, arrangements should be made to provide the procedures as follows:

(1) Eligible beneficiaries may be transferred to another MTF where these services can be provided. Enrolled beneficiaries may obtain these services under provisions of the TRICARE Program.

(2) AD soldiers may be transferred to another MTF where these services can be provided. They may also obtain these procedures from civilian sources under provisions of chapter 9 only when competent medical authority has determined that the procedure is required for urgent medical reasons. Elective care for AD soldiers from civilian sources at Government expense is prohibited.

2-19. Cosmetic surgery

a. For AD soldiers, medical intervention should be based upon a medical need adjunctive to the patient's health status. Availability of cosmetic surgery is dependent upon the educational and clinical skills maintenance needs of the Army. Elective cosmetic surgery charges for nonmilitary patients are found in the annual fiscal year (FY) medical, dental, and subsistence rates for Army MTFs.

b. For other than AD soldiers, the following apply:

(1) The number of procedures performed will be those that 50 percent to 70 percent of training programs provide per resident as reported by the Residency Review Committee in plastic surgery.

(2) The procedures will only be performed by residents in specialties requiring cosmetic surgery for their boards (plastic surgery, ear, nose, throat, ophthalmology, dermatology, and oral surgery), junior staff preparing for board eligibility, and staff certified in those specialties in order to maintain their skills and proficiency.

(3) These procedures will only be performed in hospitals that have applied for or have attained designation as an STS facility according to DOD guidance.

Table 2-1

Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider

Beneficiary category	TRICARE Prime copayment	TRICARE Extra /Standard cost shares & deductibles	Supplemental care	Social Security Health Insurance Program for the Aged (Medicare)-eligible and other non-TRICARE eligibles
AD TRICARE Prime Enrollee			X	
NAD TRICARE Prime Enrollee	X			

Table 2-1
Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider—Continued

Beneficiary category	TRICARE Prime copayment	TRICARE Extra /Standard cost shares & deductibles	Supplemental care	Social Security Health Insurance Program for the Aged (Medicare)-eligible and other non-TRICARE eligibles
Non-Enrolled TRICARE-eligible Beneficiary		X	(See note 1.)	(See notes 2 and 3.)

Notes:

- ¹ Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
- ² Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
- ³ Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

Table 2-2
Supplemental care payment responsibilities: Payment for care when a beneficiary is admitted to a civilian facility

Beneficiary category	TRICARE Prime copayment	TRICARE Extra / Standard cost shares & deductibles	Supplemental care	Medicare-eligible and other non-TRICARE eligibles
AD TRICARE Prime Enrollee			X	
NAD TRICARE Prime Enrollee	X			
Non-Enrolled TRICARE eligible, Beneficiary		X	(See note 1.)	(See notes 2 and 3.)

Notes:

- ¹ Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
- ² Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
- ³ Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

Table 2-3
Supplemental care payment responsibilities: Payment for care when a beneficiary is an inpatient in a military treatment facility (See note)

Beneficiary category	TRICARE Prime copayment	TRICARE Extra /Standard cost shares & deductibles	Supplemental care
AD TRICARE Prime Enrollee			X
NAD TRICARE Prime Enrollee			X
Non-Enrolled TRICARE- eligible Beneficiary			X
Medicare-eligible and other non-TRICARE eligibles			X

Notes:

Supplemental care payments are authorized in all cases since the MTF maintains full clinical responsibility for the inpatient. Obtaining civilian care while the beneficiary is in an inpatient status is not a common practice, but supplemental care payments are used to pay for tests or procedures such as a magnetic resonance imaging (MRI) performed while a patient is an inpatient in a Uniformed Services facility. Since the patient is responsible for inpatient charges, applying outpatient copayments/cost shares is not appropriate.

Chapter 3

Persons Eligible for Care in Army MTFs and Care Authorized

Section I

Members of the Uniformed Services

3-1. Members of the Uniformed Services on active duty

Members of the Uniformed Services on AD are authorized care under 10 USC 1074a. This includes RC members who are on AD; cadets of the U.S. Military, Air Force, and U.S. Coast Guard (USCG) academies; and Midshipmen of the U.S. Naval Academy.

3-2. Members of the Uniformed Services Reserve Components

The provisions of this paragraph concerning status and treatment after expiration of a period of AD or full-time National Guard (NG) duty orders, or inactive duty training (IDT) exclude those RC personnel who are retained in a patient status beyond the termination of orders according to AR 135-381.

a. Treatment during and after duty. RC members on AD or full-time NG duty or IDT are authorized medical and dental care in Army MTFs for injury, illness, or disease incurred or aggravated in the LD while performing that duty or while traveling directly to or from the duty.

(1) While on AD or full-time NG duty orders for more than 30 days, RC personnel are authorized health care on the same basis as the active component.

(2) After expiration of the period of duty, RC personnel are authorized medical and dental care only for conditions incurred or aggravated in LD while on that training/duty or while traveling directly to or from such training/duty. (AR 135-200 addresses administrative procedures to be carried out at the time of expiration of the training or duty.)

(3) While on IDT, AD, or full-time NG duty for 30 days or less, RC personnel are authorized medical and dental care as a result of injury, illness, or disease incurred or aggravated incident to IDT or ADT (AR 135-381).

(4) Health care authorized for persons in (3) above will be provided until the resulting disability from covered disease or injury cannot be materially improved by further hospitalization or treatment.

(5) While not on duty and while voluntarily participating in aerial flights in Government-owned aircraft under proper authority and incident to training, RC members are authorized medical and dental care required as the result of an injury incurred in LD.

b. Status after period of duty. Upon expiration of the AD or full-time NG duty orders or the IDT period, RC members are released from duty. While receiving treatment after expiration of the IDT or duty specified in orders, members are in a patient status but not on AD. Provisions of AR 135-381 may apply.

c. Training under other conditions. Upon presentation of official authorization (see d(2) below), individuals in (1) and (2) below may be hospitalized in or transferred to an Army MTF to appear before a medical evaluation board (MEB) and a physical evaluation board (PEB), if indicated, as provided in AR 635-40.

(1) Individuals undergoing hospitalization in other Federal MTFs or civilian hospitals.

(2) Individuals not in a hospital status where it appears that they are disqualified for further military service as a result of a condition incurred or aggravated in LD.

d. Authorization for care of personnel on duty for 30 days or less, those on IDT, and Reserve Enlistment Program of 1963 (REP 63) personnel.

(1) When the initial treatment is accomplished during a period of authorized duty and medical care is continued after expiration of the duty period, written authorization from the RC unit is not required, but written consent from the patient is required. Personnel on duty for 30 days or less are not enrolled in TRICARE Prime.

(2) In all other cases, the individual will be required to present an official authorization for treatment as follows.

(a) Authorization issued by the respective State Adjutant General or his or her designee, in the case of a member of the Army or Air Force NG who suffered injury or contracted disease while performing training duty in his or her NG status.

(b) Authorization issued to members of the RC by the unit commander. For individuals who were in training status but not assigned to a unit, the U.S. Army Reserve Personnel Center (ARPERCEN) will issue authorization. The provisions of this paragraph also apply in the case of REP 63 personnel of the NG.

(c) Authorization from the Bureau of Medicine (BUMED) and Surgery, Department of the Navy, for members of the Naval Reserve and Marine Corps Reserve.

(d) Authorization from the individual's unit commander for Air Force Reserve personnel.

(3) Prior written request from the person's unit commander is required for treatment of Army and Air Force RC personnel injured while on IDT and for admission of members of the Naval Reserve, Marine Corps Reserve, and USCG Reserve who suffer injury or contract disease while on IDT.

(4) If medical care is furnished in an emergency without the required authorization, the MTF commander will request authorization from the appropriate authority indicated in (2) above. Letters of authorization will include the

name, social security number (SSN), grade, and organization of the patient; the type and period of duty in which engaged; and the diagnosis (if known). The letter will also state that the injury suffered or disease contracted was in LD and that the patient is entitled to medical care.

e. LD determinations. When individuals are admitted to or treated at an MTF during a period of training duty under doubtful LD conditions, the MTF commander will ensure that an LD is initiated. The MTF commander will be furnished a copy of the final determination (to include a report of investigation, when made). In injury cases where LD may be questionable, LD investigation should be requested promptly. Non-emergent surgical intervention will be deferred for suspected preexisting conditions of RC personnel until there is an LD determination that the condition was incurred or aggravated in LD.

(1) If the investigation results in a not in line of duty (NLD) determination before the date of expiration of the training period, every effort will be made to disposition hospitalized individuals by the expiration date or as soon as they become transportable. Care for NLD conditions will be provided only to the extent necessary. Such persons are not authorized medical care at Government expense after expiration of their training period. The cost of any care furnished after the expiration date will be collected at the civilian emergency rate from the individual by the MTF concerned. (See app B and chap 10.)

(2) If the investigation results in an approved NLD determination, the soldier is furnished medical care without charge (except for subsistence) up until such time as the MTF receives notification.

f. Services authorized for LD conditions. RC personnel will be furnished necessary follow-up care for injury or disease in LD while on authorized duty. Such care includes—

(1) Medical treatment.

(2) Dental treatment.

(3) Prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and orthopedic appliances. In addition, during the time an individual is on ADT, repair or replacement of personally owned items in this category is authorized at Government expense when the unit commander determines that the items were not damaged or lost through negligence or misconduct on the part of the individual.

g. Spectacles inserts for protective field masks. RC personnel that have an Active Army mission of manning missile sites or are designated for control of civil disturbances are authorized spectacles inserts for protective masks.

h. Periodic medical examinations. When RC medical officers are not available to perform required periodic medical examinations, Armed Forces RC personnel not on AD may be provided examinations in Army MTFs (AR 40-501). When hospitalization is necessary for the proper conduct of periodic examinations, subsistence charges will be collected as indicated in appendix B.

i. Temporary members of the USCG Reserve. See paragraph 3-24 for care available to temporary members of the USCG Reserve as beneficiaries of the Office of Workers' Compensation Programs (OWCP).

j. Continuation of pay and allowances. When an RC member is hospitalized or requires continued medical treatment for an LD condition at the expiration of his or her duty period, he or she may be entitled to continuation of pay and allowances as authorized in DOD 7000.14-R. Entitlement to pay and allowances is outlined in AR 135-381. Pay and allowances will not continue for longer than 6 months without Secretary of the Army approval. When treatment is begun during the period of duty (d(1) above) and the determination has been made that the condition was incurred in LD, the MTF commander will furnish the member's RC unit commander or the Commander, ARPERCEN, the following as applicable:

(1) Notice of hospitalization or requirement for continued medical care to include a projected end for medical care.

(2) DA Form 2173 (Statement of Medical Examination and Duty Status).

(3) A description of the member's medical condition in lay language and a specific description of duty limitations.

(4) DA Form 3349 (Physical Profile).

(5) Notice of transfer to another MTF or transfer of responsibility for continued medical care to another MTF.

(6) Notice of disability processing.

(7) Determination of the date on which the member is released from medical control.

k. Transfer of treatment responsibility. In some instances a member of an RC may be returned to his or her home for convalescence, outpatient follow-up, or pending final determination of medical fitness for military Service. The member normally will be provided follow-up care at a Uniformed Services MTF or other Federal MTF within a reasonable distance of his or her home. If these facilities are not reasonably available, civilian medical care may be authorized with appropriate approval.

(1) If follow-up care is to be provided in an MTF other than the one originally providing care, the commander of the originating MTF (initial MTF providing care) will coordinate with the appropriate U.S. Army medical department activity (MEDDAC)/U.S. Army Medical Center (MEDCEN) in whose geographical area the patient resides for designation of a source of follow-up care. Upon release from the originating MTF, the member will be provided a letter of instruction ((2) below). A copy of the letter will be forwarded to the MTF which is to provide the follow-up treatment with instructions to notify the appropriate authority as described in d(2) above when the member is released from medical control.

- (2) The letter of instruction will reflect—
 - (a) Diagnosis of disease or injury.
 - (b) Date, time, place of disease or injury, status of member, and authority for status.
 - (c) Approximate period of outpatient treatment or convalescence.
 - (d) The MTF or physician providing follow-up care.

3-3. Members of the Senior Reserve Officers' Training Corps of the Armed Forces

a. Medical care in Army MTFs is authorized members of the Senior Reserve Officers' Training Corps (SROTC) of any branch of the Uniformed Services, including students who are enrolled in the 4-year SROTC Program (10 USC 2109) or the 2-year Advanced Training SROTC Program (10 USC 2104) and members enrolled as authorized by 10 USC 2103.

(1) Medical care for injury incurred or disease contracted without reference to LD while traveling to or from and while attending required field training (annual Reserve Officers' Training Corps (ROTC) training camps) under the provisions of 10 USC 2109. Medical care is also authorized for injury incurred as a result of practical military training (for example, annual training camps to include airborne and ranger training). Practical military training is normally associated with participation in Service-sponsored training, sports, and recreational activities on a military installation. See paragraph 3-46 for care authorized ROTC members who are injured or become ill while participating in extra curricular activities.

(a) Routine dental treatment will be furnished for conditions which are disabling and the result of injury or disease incurred in LD. Dental care for other conditions will be limited to emergency treatment.

(b) Prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and orthopedic appliances will be furnished for conditions which are disabling and the result of injury or disease incurred in LD. When the camp commander or the MTF commander, if the individual is not participating in ROTC annual training camp, determines that these items were not damaged or lost through negligence on the part of the individual concerned, repair or replacement is authorized under normal outpatient care at no expense to the individual.

(c) If members of the SROTC are undergoing hospitalization upon termination of camp or the authorized period of duty covered by military orders, or if before their departure from camp they are in need of hospitalization because of a disability NLD and are medically unable to withstand transportation to their home, they may remain in or be admitted to an Army MTF. Such care is not authorized at Army expense and the cost will be collected from the members at the full reimbursable rate (see glossary) by the MTF concerned. Every effort will be made to disposition hospitalized patients at the earliest practicable date.

(2) Medical examinations and immunizations (AR 145-1).

(3) Medical care, including hospitalization, for injury incurred or disease contracted in LD while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations or for visits of observation under the provisions of 10 USC 2110.

b. Medical care is not authorized during attendance at a civilian educational institution except as indicated below.

(1) Medical examinations required by AR 145-1 including hospitalization when necessary for the proper conduct of the examination.

(2) Immunizations required by AR 145-1 including hospitalization for any severe reactions resulting therefrom.

c. Members of the Naval and Air Force SROTC are authorized medical treatment, examinations, and immunizations in Army MTFs to the same extent and under the same circumstances as members of the Army SROTC.

d. Written authorization for treatment of those ROTC members referred to in a and b above will be prepared by the camp commander and will be addressed to the commander of the Army MTF concerned. DD Form 689 (Individual Sick Slip) may be used to meet this requirement.

e. For conditions under which medical care is provided at the expense of the OWCP to those ROTC members referred to in a and b above, see paragraph 3-24a(1).

Section II Applicants

3-4. Designated applicants for enrollment in the Senior Reserve Officers' Training Program (except ROTC scholarship applicants)

Designated applicants for enrollment in the SROTC Program are students who have been designated by the Professor of Military Science for enrollment in the 4-year SROTC Program (10 USC 2107) or the 2-year Advanced Training SROTC Program (10 USC 2104). This includes those selected for the 6-week field training or practice cruise to qualify for enrollment and those selected by the Professor of Military Science for enrollment as authorized by 10 USC 2103.

a. When properly authorized, designated applicants for enrollment in the SROTC Program (including applicants for enrollment in the 2-year program and Military Science II enrollees applying for Military Science III) will be furnished medical examinations at Army MTFs-including hospitalization-when necessary for the proper conduct of the examination. They are also authorized medical care-including hospitalization-for injury incurred or disease contracted in LD

while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations (10 USC 2110).

b. Designated applicants for membership in the Army, Naval, and Air Force SROTC Programs are authorized medical care in Army MTFs during the initial training period (field training/practice cruises) authorized by 10 USC 2104(b)(6) on the same basis as enrolled members of the ROTC advanced courses.

3-5. Applicants for cadetship at the Service academies and ROTC scholarship applicants

Refer to AR 40-29/AFR 160-13/NAVMEDCOMINST 6120.2/CGCOMDTINST M6120.8B.

3-6. Applicants for enlistment or reenlistment in the Armed Forces, including applicants for enlistment in the Reserve Components

Upon referral by the commander of a military entrance processing station (MEPS), applicants for enlistment or reenlistment will be furnished necessary medical examinations. Hospitalization is authorized when their medical fitness for military Service cannot be determined without hospital study. Invasive procedures carrying an unacceptable risk of adverse complications should not be undertaken. Also, definitive medical care for a potentially disqualifying medical condition should not be undertaken.

3-7. Applicants for appointment in the Regular Army and Reserve Components including members of the Reserve Components who apply for active duty

Medical examinations will be furnished according to AR 40-501 and AR 601-100. When medical fitness for appointment cannot otherwise be determined, hospitalization is authorized.

3-8. Applicants who suffer injury or acute illness

Applicants listed in paragraphs 3-3, 3-4, and 3-5 who suffer injury or acute illness while awaiting or undergoing processing at Army facilities or MEPS may be furnished emergency medical care including emergency hospitalization for that injury or illness.

Section III

Retired Members of the Uniformed Services

3-9. Eligible retired members

Retired members listed below are authorized the same medical and dental care as AD soldiers, subject to the availability, access, and the capabilities of the clinical staff. (See para 2-3.)

a. Those retired for length of service.

b. Those permanently or temporarily retired for physical disability. (See b below for exception.)

3-10. Periodic medical examinations

Periodic medical examinations for members on the TDRL including hospitalization in connection with the conduct of the examination, will be furnished on the same priority basis as AD soldiers.

Section IV

Family Members of the Uniformed Services

3-11. Care authorized family members

Family members of AD, retired, and deceased members of the Uniformed Services to include eligible wards are subject to the priorities and availability as defined in paragraphs 2-3 and 2-13. A family member's eligibility begins on the date that the sponsor enters on AD. It ends at midnight on the date that the sponsor's period of AD ends (for any reason other than retirement or death) (AR 600-8-24 or AR 635-200). Family members of RC soldiers on AD orders for more than 30 consecutive days are eligible for health benefits in the local military hospital and are eligible for TRICARE Standard (CHAMPUS) or TRICARE Extra where available, but not TRICARE Prime. The standard CHAMPUS copayments and deductibles apply. Authorized services include—

a. *Drugs.* Prescriptions written by military or civilian physicians, dentists, podiatrists, or any nonphysician health care provider/practitioner privileged by the MTF or licensed by the State may be filled at Uniformed Services MTFs subject to availability of pharmaceuticals and consistent with control procedures and applicable laws.

b. *Dental Care.* Family members are authorized dental care on a space-available basis. Family members enrolled in the TRICARE-Active Duty Family Member Dental Plan are not eligible for any type of care in the MTF provided by the plan; however, care is authorized as an adjunct to ongoing medical or surgical inpatient care.

3-12. Medical care not authorized family members

The following may not be provided family members in Army MTFs:

a. Prosthetic devices including hearing aids, orthopedic footwear, and spectacles or contact lenses, except as

provided in AR 40-63/NAVMEDCOMINST. 6810.1/AFR 167-3. However, these items may be sold at Government cost to family members outside the U.S. and at specific installations within the U.S. as authorized by the Secretary of the Army. Requests from installations for authorization to sell these items will be submitted through commanders of MEDCENs to the Commander, USAMEDCOM, ATTN: MCLO-S, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

b. Dental care (except as authorized in para 3-11).

c. Noneligible newborn infant. Upon admission, the sponsoring beneficiary (the delivering mother or the mother's parents) will be counseled about the charges for the care of the noneligible newborn infant and the option to apply for Secretarial designee status under paragraph 3-50. After counseling, the sponsoring beneficiary will be asked to sign a statement accepting responsibility for the newborn infant's charges.

3-13. Surviving dependents of Reserve members

Surviving dependents of Reserve members who at the time of their death were eligible for retired pay but died before reaching age 60 are eligible for MTF care and TRICARE coverage. They are eligible regardless of whether or not the member elected Survivor Benefit Plan participation.

Section V

Federal Civilian Employees and Their Family Members

3-14. Federal civilian employees

a. Emergency medical care (including initial treatment after on-the-job injury or illness) is authorized for DOD employees injured on the job, whether appropriated or nonappropriated fund.

(1) Definitive medical and surgical management of injury or illness that is the proximate result of employment will be provided an employee paid from appropriated funds as a beneficiary of the OWCP. OWCP reimbursement will be obtained according to paragraph 3-24 in the treatment of an injury which—

- (a) Requires more than first aid or palliative treatment,
- (b) Is likely to result in any disability for work beyond the day of occurrence,
- (c) Appears to require prolonged treatment,
- (d) May result in future disability, or
- (e) May result in any permanent disability.

(2) OWCP reimbursement will not be obtained for care that is limited to emergency diagnosis and first-aid treatment since these are services authorized under the Army Occupational Health Program and the Occupational Health and Safety Act.

(3) When treatment is required for other than minor injury or illness that is not the result of employment, patients will be referred to their physician for care after initial emergency treatment.

b. Medical examinations in connection with disability retirement may be furnished civilian employees of all Federal agencies without charge when such examinations are requested by authorized representatives of the Office of Personnel Management. When hospitalization is necessary to the proper conduct of these examinations, subsistence charges will be collected locally from the individual.

3-15. Occupational health services

a. At Army installations having MTFs that provide occupational health services, the following applies: Diagnosis, treatment, and other services authorized by AR 40-5 are provided to Army civilian employees paid from appropriated, nonappropriated, or Army working capital funds, and applicants for such employment by the Army, under the Army Occupational Health Program. See AR 215-1 for information on reporting job-related injuries and processing claims for workers' compensation for nonappropriated fund (NAF) employees. When hospitalization is necessary for the proper conduct of the medical examinations authorized by AR 40-5, a charge for subsistence will be collected locally from the individual. See AR 40-5 for authorized services. Medical examinations authorized for Department of the Army (DA) civilian employees are covered under the provisions of section 301, part 339, title 5, Code of Federal Regulations (5 CFR 339.301).

Note. Under the DA Alcohol and Drug Abuse Prevention and Control Program (ADAPCP), (AR 600-85), Army civilian employees may be provided on a space-available basis inpatient detoxification services in Army MTFs, outpatient clinical evaluation for ADAPCP enrollment, and outpatient rehabilitative services after ADAPCP enrollment. Charges for inpatient detoxification are provided in appendix B and will be collected locally. Outpatient clinical evaluation and outpatient rehabilitative services will be furnished without charge.

b. Civilian employees of other Federal agencies outside the DOD who are paid from appropriated, nonappropriated, or industrial funds and applicants for such employment are authorized those health services listed in AR 40-5. Except for civilian employees and prospective employees of the Navy, Marine Corps, and Air Force in the Washington, DC metropolitan area to whom authorized occupational health services are furnished as the financial responsibility of the

DA, arrangements for payment will be made locally at an estimated per capita cost. The costs will be paid at the receiving agency and handled as an automatic reimbursement by the MTF providing the service.

c. A Federal civilian employee on TDY at an Army installation will be provided occupational health services on the same basis as those employees assigned to that installation. Employees are covered for injuries occurring while engaged in activities which are essential or reasonable incidental to the employment, but not while engaged in personal or recreational activities with no relation to the employment.

3-16. Federal civilian employees and their family members outside the United States and at remote installations in the United States

a. U.S. citizens who are employees of DOD or other Federal agencies paid from appropriated, nonappropriated, or industrial funds who require treatment for conditions not covered by the OWCP (para 3-24a(2)) and who are not beneficiaries of any other Federal agency listed in this chapter and their family members may receive care in Army MTFs outside the U.S. Treatment other than that authorized OWCP beneficiaries is not provided to non-U.S. citizen employees unless the major overseas commander concerned determines that civilian facilities are not available or are not adequate.

b. DOD civilian employees and their family members may also receive care at Army installations in the U.S. that have been designated as remote by the Secretary of the Army for the purpose of providing medical care to these individuals.

c. Charges will be collected locally from the individual at the rates shown in appendix B except that no charge will be made for immunizations and reimmunizations authorized by AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E or for occupational health services authorized by paragraph 3-15.

Note: When civilian employees of any Federal agency being treated in an Army MTF outside the U.S. will be evacuated to the U.S., the appropriate civilian personnel officer of the agency concerned will be notified.

3-17. Department of Interior civilian employees stationed in American Samoa and their family members

Upon request of the Governor of American Samoa, the Department of Interior civilian employees stationed in American Samoa and their family members may be provided care at Tripler Army Medical Center (TAMC). Charges will be as specified in appendix B for care furnished in the U.S.

Section VI

Foreign Nationals

3-18. Care provided in the United States

Care is authorized at Army MTFs in the U.S. for the categories of foreign nationals listed in a below, subject to the charges cited in appendix B. Foreign nationals and family members must present approved identification or ITOs as appropriate when requesting care. Treatment of foreign nationals and their family members are subject to the provisions of approved international agreements. Foreign personnel subject to NATO SOFA or countries under the Partnership For Peace SOFA, their dependents and civilian personnel accompanying the forces may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving state. See appendix B for charges.

a. NATO personnel as follows:

(1) Military personnel and their authorized family members of the NATO nations listed in (a) through (n) below are authorized care when stationed in or passing through the U.S. in connection with their official duties. Authorized family members are the spouse and legitimate children, including adopted and step-children, who meet the dependency criteria that apply to U.S. military family members.

(a) Belgium.

(b) Canada.

(c) Denmark.

(d) Turkey.

(e) Germany.

(f) Greece.

(g) Italy.

(h) Luxembourg.

(i) Netherlands.

(j) Norway.

(k) Portugal.

(l) Spain.

(m) United Kingdom.

(n) France.

(2) Contact the Commander, USAMEDCOM, MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 for a current list of countries under Partnership For Peace SOFA.

(3) Eligible civilians accompanying military personnel in (1) above as employees of an armed service of the nation concerned and their family members may be furnished care at remote installations where civilian medical care is unavailable. At other MTFs, only emergency care may be provided. To be eligible, such civilians cannot be stateless persons, nationals of non-NATO States, U.S. nationals, or residents in the U.S.

(4) The medical portion of the NATO SOFA, as revised by the DOD Appropriations Act, is implemented by (1) and (2) above insofar as care in Army MTFs is concerned.

b. Military personnel whose names appear on the Diplomatic List (Blue List) or the List of Employees of Diplomatic Missions (White List) published periodically by the Department of State and their family members.

c. Military personnel assigned or attached to U.S. military units for duty and their family members.

d. International students assigned or attached to U.S. military units for training and their authorized family members as follows:

(1) International military education training (IMET) trainees, both military and civilian, and the authorized family members of military trainees.

(2) Foreign military sales (FMS) trainees-both military and civilian-and the authorized family members of the military trainees.

(3) Other international trainees (military only) and their family members.

e. Military personnel on duty in the U.S. at the invitation of or with the agreement of the DOD or one of the military Services and their family members.

f. Military personnel accredited to joint U.S. defense boards or commissions and their family members.

g. Emergency care only for IMET trainees in the U.S. on IMET orientation tours. If hospitalized, the IMET rate will apply and will be collected locally from the individual.

h. Other foreign nationals not listed above seeking care in Army MTFs in the U.S. Such persons should be advised to apply for determination of eligibility to Headquarters, Department of the Army (HQDA) (DAMI-FL), Washington, DC 20310-1040, through their country's military attache stationed in Washington, DC.

3-19. Notification of hospitalization in the United States

When international students listed in paragraph 3-18d are hospitalized in Army MTFs in the U.S., notifications specified in a through c below are required. (Notifications required by this para are exempt from reports control under AR 335-15.)

a. *International students.* When international students (para 3-18d) are admitted to an Army MTF, message notification will be dispatched to HQDA (SAUS-IA-SA), Washington, DC 20310-0120. AR 12-15 contains additional notification requirements when a foreign student cannot qualify for training because of physical or mental disability or whose hospitalization or disability will prevent continuation of training for a period in excess of 90 days. Authority for return of students to their home country will be furnished the MTF by HQDA (SAUS-IA-SA).

b. *Nonstudent foreign nationals.* When a foreign national other than a student is admitted to an Army MTF in the U.S., HQDA (DAMI-FL), Washington, DC 20310-1040 will be notified immediately so that the country concerned may be advised of the patient's status. The notification will be forwarded by letter (original and two copies). A copy will also be furnished the Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010. The notification will include the patient's name, nationality, status (military, civilian, family member), and date of hospitalization. It will also include diagnosis, prognosis, and probable date of release. If military, the patient's Service number and branch of Service will be included. If the probable date of release cannot be determined during the initial evaluation, or the notification does not indicate a prolonged period of hospitalization and the patient later requires prolonged hospitalization, further notification will be furnished with this information.

c. *Canadian military personnel.* In addition to the above notifications to HQDA (DAMI-FL), Washington, DC 20310-1040, a copy or extract of the admission and disposition (AAD) report pertaining to Canadian military personnel will be sent immediately to the Canadian Joint Staff, 2450 Massachusetts Ave., NW, Washington, DC 20008.

3-20. Care provided outside the United States

Care is authorized at Army MTFs outside the U.S. for the following categories:

a. Those who provide direct services to the U.S. Armed Forces (para 3-48).

b. IMET trainees and FMS trainees (military and civilian) and the authorized family members of IMET and FMS military trainees.

c. Persons covered by a formal agreement entered into by a Federal agency when care in Army MTFs is a condition of the agreement. (A copy of all such agreements will be sent to Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.)

d. Liaison officers from a NATO Armed Force or members of a liaison detachment from such a Force. This implements the medical portion of NATO STANAG 2101.

e. Crew and passengers of visiting military aircraft of NATO nations that land at U.S. military or allied airfields. This implements the medical portions of NATO STANAG 3113.

f. Special foreign nationals. Generally, care will be restricted to foreign officials of high national prominence. However, other foreign nationals may be furnished care when unusual circumstances or the extraordinary nature of the case warrant such consideration. Medical care for this category of patient is coordinated by the State Department in conjunction with DOD.

(1) Care may be provided when such action is expected to contribute to the advancement of U.S. public interests. Authority to make determinations regarding the propriety of providing care is vested in commanders of unified and major Army commands (MACOMs) in overseas areas. When geographical dispersion and varying political conditions dictate, authority may be delegated to senior subordinate commanders. Such authority may not be redelegated by these commanders. Normally, the recommendation of the chief of the diplomatic mission of the patient's country will be sought in determining whether care should be provided.

(2) Foreign nationals accepted for care will not be evacuated for care in CONUS Army MTFs except under unusual circumstances as determined by the Secretary of the Army. The U.S. Army attache in the country concerned will coordinate through diplomatic channels.

g. NATO and non-NATO personnel OCONUS. Upon approval from the MTF commander, AD officer and enlisted personnel of NATO and non-NATO countries (and their accompanying dependents living with the sponsor) when serving OCONUS and outside their own country can receive upon approval from the MTF commander-outpatient care only on a reimbursable basis. Such persons are under the sponsorship of a military service or the major overseas commander has determined that the granting of such care is in the best interests of the U.S. Additionally, such personnel are connected with, or their activities are related to, the performance of functions of the U.S. military establishment.

h. Requests for care by foreign nationals in overseas areas will be forwarded from/through the RMC through Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 to the Secretary of the Army. The MTF commander will include a recommendation indicating the rate to be charged or if charges will be waived.

3-21. Charges for and extent of care

a. Except as indicated in b below, all inpatient care at MTFs in the U.S. will be subject to full reimbursement. Exceptions to this rule will apply only when a reciprocal health care agreement has been negotiated between the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) and the foreign government concerned, setting forth specific terms under which care will be provided. Commanders will be advised immediately when new agreements are negotiated. Meanwhile, orders or other documents presented by foreign military personnel reflecting eligibility for non-reimbursable inpatient care in MTFs in the U.S. are invalid. With the exception of IMET students, foreign military and diplomatic personnel and members of their families will be charged the full reimbursable rate for inpatient care received in Army MTFs in the U.S. This includes NATO personnel and their families. Charges for IMET personnel will be at the special IMET rates prescribed for inpatient and outpatient care. Charges for outpatient care in the U.S. will be at the rate stated in appendix B for specific categories of foreign nationals. Charges for care outside the U.S. are as stated in appendix B. (Also see DOD Instruction (DODI) 6015.23.)

b. Extent of care and collection procedures are stated in appendix B. The following special provisions apply:

(1) Persons covered under a specific international agreement (para 3-20c) will be provided care to the extent specified in the agreement. If not specified, care will be provided subject to the limitation indicated in (4) below. Such persons will be charged at the rate specified in the agreement or, if no rate is stated, at the inpatient or outpatient rate applicable to the specific category (military or civilian).

(2) NATO liaison personnel (para 3-20d) will be provided care in Army MTFs outside the U.S. under the same conditions and to the same extent as U.S. Army personnel.

(3) Crew and passengers of visiting military aircraft of NATO nations (para 3-20e) will be furnished care available at the airfield concerned. No charge will be made for outpatient care. Subsistence charges incident to hospitalization will be collected locally from the patient. The hospitalization charge stated in appendix B, minus the subsistence portion, will be collected from the appropriate nation by Headquarters, U.S. Army, Europe (USAREUR) upon receipt of DD Form 7 (Report of Treatment Furnished Pay Patients: Hospitalization Furnished (Part A)) or by the OCONUS MEDDAC/MEDCEN (for outside USAREUR) furnishing the care. DD Form 7 is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (<http://www.usapa.army.mil/>). Instructions for the use of DD Form 7 are—

(a) Enter the report control symbol (RCS).

(b) Section 1. Name of medical activity, base and/or post, and MACOM, as applicable, providing medical care in CONUS. Enter name of medical activity, Army Post Office (APO), and MACOM OCONUS.

(c) Section 2. Month and year of service covered by the report.

- (d) Section 3. Patient category.
- (e) Section 4. Authority for treatment. If a written authorization is required before treatment, submit a copy of the authorization with DD Form 7. For beneficiaries of the OWCP, submit two copies of DOL Form CA-16 (Authorization for Examination and/or Treatment) with DD Form 7.
- (f) Section 5. Name in full and ID number of each patient. Include the social security claim number if applicable.
- (g) Section 6. Grade or status of individual (that is, civilian, eligible family member, title of seaman, etc.).
- (h) Section 7. Organization. As applicable, unless other information is required for the category of patient concerned.
- (i) Section 8. Diagnosis and diagnosis related group (DRG) of each patient.
- (j) Section 9. Admission date. Day, month, and year of admission to hospital.
- (k) Section 10. Discharge date. Enter the day, month, and year each patient was discharged from the hospital or, if remaining in the hospital at the end of the month, enter the last day of the month followed by the notation "REM" (remaining). A patient on any authorized or unauthorized absence from the hospital for more than 24 hours is reported as discharged from the hospital on the date of departure (the day of departure is not counted as a day of hospitalization).
- (l) Section 11. Total. Enter the total days each patient was hospitalized during the report period. Day of admission is included but not the day of discharge.
- (m) Section 12. Enter date of certification.
- (n) Section 13. Signature of the MTF commander or authorized representative (on the original only) including grade and organization.
- (o) Section 14. Show total days hospitalized and total amount. Item 11 shall equal the total reported in item 14.
- (p) Patients attached for meal days only: Transient patients, casualties, enlisted outpatients attached for meal days only, and duty personnel (other than Air Force, Army, Navy, and Marine Corps) who are entitled to subsistence at Government expense. Submit DD Form 7 in two copies. Complete items 1 through 4. Omit items 5 through 8. In item 9, "Admission Date," indicate the date meal days were provided. Omit item 10. In item 11, enter the total number of meal days served.

(4) Foreign nationals (para 3-18) will not be admitted to Army MTFs for chronic conditions that would require more than 90 days hospitalization.

(5) Special foreign nationals (para 3-20f) will be billed locally at the full reimbursable rate unless the approving overseas commander waives charges.

(6) IMET military and civilian trainees and family members of military trainees (para 3-20b) will be billed locally for subsistence only. At the end of each calendar month, all inpatient and outpatient care furnished IMET trainees in an Army MTF (except in USAREUR) will be reported to Commander, USAMEDCOM, ATTN: MCRM, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for billing purposes. Billing will be at the proper IMET rate less the amount collected for subsistence. Copies of the ITO will accompany the reports.

Section VII

Beneficiaries of Other Federal Agencies.

3-22. General

This section covers the eligibility of beneficiaries of other Federal agencies for care in Army MTFs on a reimbursable basis at the expense of the referring agency under authority of the Economy Act (31 USC 1535). Paragraphs of this section give detailed instructions with regard to the eligibility of beneficiaries of those particular Federal agencies that have made arrangements with the Army for care of such individuals on a relatively permanent, continuing basis. Federal agencies not covered in this section may request care for their beneficiaries in Army MTFs on a reimbursable basis under the Economy Act. Commanders of Army MTFs are authorized to honor such requests within the capability of their MTF to do so without detriment to medical care for persons entitled to care in Army MTFs. Reimbursement for care furnished in response to these individual requests will be at the rates designated in appendix B and obtained locally from the agency requesting or authorizing care. See appendix B of this regulation, DOD 7000.14-R, Volumes 1, 4, and 11, and Defense Finance and Accounting Service (DFAS)-IN Regulation 37-1 for additional accounting guidance.

3-23. Beneficiaries of the Department of Veterans Affairs

a. Medical care is authorized subject to the conditions specified below.

(1) *VA hospitals/clinics.* Control of all referrals of veterans to Army MTFs, except those in foreign countries as stated in (6) below, is vested in the VA hospital/clinic having jurisdiction over the geographic area in which the Army MTF is located (referred to below as "field station"). The procedures relating to inpatient care apply to routine or emergency admissions to Army MTFs where beds have been allocated for VA patients by prior agreement, as well as emergency admissions to Army MTFs in which bed allocations have not been granted. Admission to an Army MTF

within CONUS in which bed allocations have not been made will be authorized only for the purpose of furnishing emergency medical care.

(2) *Authorization.* Army MTFs will furnish medical care to a veteran on the basis of an authorization for treatment from the field station having jurisdiction. Reimbursement will not be made by the VA for medical care furnished prior to the effective date of the authorization, except as indicated in (3) below.

(3) *Emergency medical care.*

(a) An MTF admitting a veteran for emergency medical care will notify the appropriate field station within 72 hours after the date and hour of admission and request authorization. When the field station authorizes emergency hospitalization, the effective date of the authorization will be the date the patient was admitted to the MTF.

(b) An MTF furnishing emergency outpatient care to a veteran will notify the VA hospital/clinic having jurisdiction within 72 hours after the care was furnished and request authorization. Emergency outpatient care will be authorized by the VA hospital/clinic when necessary in the treatment of a disease or injury incurred or aggravated in active military Service. For a veteran undergoing authorized vocational rehabilitation or education, outpatient treatment is authorized to prevent interruption of training.

(c) When the field station does not authorize the emergency medical care, or when authorization for such care has not been received from that office by the Army MTF while the veteran is receiving medical care, charges for medical care will be collected locally from the veteran concerned.

(4) *Outpatient care.* Outpatient care, other than emergency outpatient care, must be authorized in advance. Such care will be furnished on authorization from the VA hospital/clinic having jurisdiction. When a VA beneficiary is furnished a prosthetic appliance, spectacles, a hearing aid, or orthopedic footwear on an outpatient basis, a separate charge will be made for the item. DD Form 7A (Report of Treatment Furnished Pay Patients: Outpatient Treatment Furnished (Part B)) or The Uniform Bill (UB)-92 (Uniform Bill) will be submitted to the authorizing VA hospital/clinic for reimbursement and will document the type of item furnished and the cost. Charges for spectacles will be according to AR 40-63/NAVMEDCOMINST 6810.1/AFR 167-3. DD Form 7A is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (<http://www.usapa.army.mil/>). Instructions for the completion of DD Form 7A are—

(a) Block 1. Name of medical facility, base and/or post, and MACOM, as applicable, providing care in CONUS. Enter unit number, APO, and MACOM, if facility is OCONUS.

(b) Block 2. Month and year of service covered by the report.

(c) Block 3. Patient category.

(d) Block 4. Authority for treatment.

(e) Block 5. Full name and ID number (if any) of each patient.

(f) Block 6. Grade or status of individual, that is, civilian, eligible family member, title of seaman, etc.

(g) Block 7. Organization or other similar information required for category of patient concerned.

(h) Block 8. Diagnosis for each patient. List the diagnosis, physical examination, immunization, and any vaccinations.

(i) Block 9. Dates. List day, month, and year for each medical or dental outpatient visit furnished.

(j) Block 10. Number of outpatient visits and corresponding dollar amount during the month for each patient.

(k) Block 11. Date of certification of report. Enter date of certification.

(l) Block 12. Signature of the MTF commander or authorized representative (on original only), showing grade and organization.

(m) Block 13. Total visits and/or total dollar amount. Enter total outpatient visits and/or total dollar amounts for all patients listed. Double check this figure to make sure that the addition is correct. The sum of the outpatient visits reported in block 10 shall equal the grand total in block 13.

(5) *Disposition of emergencies.* A veteran admitted for emergency medical care will be released from the Army MTF promptly upon termination of the emergency unless another disposition as indicated in (a) and (b) below has been arranged with the field station.

(a) Transfer to a VA treatment facility if further hospitalization is required.

(b) Retention as a VA beneficiary chargeable against a bed allocated to that agency.

(6) *Medical care at Army MTFs in foreign countries.* Care will be authorized by the VA for eligible veterans in need of treatment for Service-connected conditions. The responsibility for authorizing care to veterans in foreign countries is vested in the following agencies:

(a) For veterans in the Trust Territory of the Pacific (Micronesia), the VA Regional Office (VARO), Honolulu, Hawaii.

(b) For veterans in the Philippines, the VARO, Manila, Philippines.

(c) For veterans in Canada, the Canadian Department of Veterans Affairs, Ottawa, Canada.

(d) For veterans in all other foreign countries, the U.S. Consulate Office or the U.S. Embassy.

(7) *Authorization for treatment.* Veterans may be furnished medical care at Army MTFs in foreign countries on presentation of an authorization for treatment. An MTF furnishing a veteran emergency medical care without proper authorization will notify the responsible VA representative, as indicated in (6)(a) through (d) above, within 72 hours

after the date and hour the initial care was rendered. Notification will be by the most expeditious means available and will state the diagnosis and extent of required treatment. It will also request authorization for the treatment and instructions as to the disposition of the patient upon termination of the emergency. If the approving authority does not issue an authorization for this care, charges for medical care will be collected locally from the veteran concerned.

(8) *Wheelchairs and beds.* These items may be furnished without charge, if locally available from Government stocks, to a VA beneficiary upon his or her discharge from the MTF if, in the opinion of the MTF commander, he or she requires constant and continuous use of these items after his or her discharge.

b. The records in (1) and (2) below that are required by the VA are in addition to those required on all patients in an Army MTF. VA Form 10-10 (Application for Medical Benefits), VA Form 10-10M (Medical Certificate and History), SF 502 (Medical Record-Narrative Summary), or DD Form 2770 (Abbreviated Medical Record) will be completed and forwarded to such station. Completion instructions for the VA Form 10-10M and SF 502 (or DD Form 2770) include—

(1) *VA Form 10-10M.* This form will be completed for those veterans who are admitted to any Army MTF for emergency medical care without prior authorization. All information required in the medical certificate will be furnished whether the admission is approved or disapproved by the field station. Since completion of the medical certificate will require examination of the patient, those admissions to the MTF that are disapproved by the field station will be billed to the patient.

(2) *SF 502 or DD Form 2770.* SF 502 or DD Form 2770, as appropriate, will be completed when a veteran is discharged or transferred. When an interim report of hospitalization is requested by the field station, it may be prepared on SF 502.

3-24. Beneficiaries of the Office of Workers' Compensation Programs

The OWCP reimburses health care providers/practitioners for care furnished bona fide beneficiaries under conditions cited below. The Federal agency employing the patient is ultimately billed by OWCP for the amount of the reimbursement plus an administrative surcharge. Therefore, all OWCP care in Army MTFs provided to DA civilian employees for OWCP conditions will be provided at no charge. Within DA MTFs, OWCP will be billed only for care furnished civilian employees of other Federal agencies outside DOD. There will be no charge for occupational health. (See para 3-15.) Other Federal agencies outside DOD are billed at the interagency rate for OWCP care provided their employees. OWCP claims documentation will be completed for all patients. For record purposes and for potential compensation claims arising from the injury or illness, claims documentation will be completed at the time care is rendered regardless of the patient's employing agency. The completed documents will be sent to the personnel office of the employing agency. When treatment is required for other than minor injury or illness that is not the result of employment, the patient will be referred to his or her civilian physician after initial emergency treatment. In accidents where the patient is covered by worker's compensation and has military eligibility, the employer will become the primary sponsor and military eligibility will be secondary. The employer will be billed rates as designated in appendix B.

a. *For whom authorized.* Persons in the categories listed below are authorized medical care as beneficiaries of the OWCP.

(1) ROTC members of the Army, Navy, and Air Force provided the condition necessitating treatment was incurred in LD under one of the following circumstances:

(a) While performing authorized travel to or from camps or cruises.

(b) While engaged in a flight or in flight instruction under 10 USC chapter 103. See 5 USC 8140.

(c) During attendance at training camps or while on cruises. The care furnished under this authority relates solely to care furnished after termination of training camps or cruises. For conditions under which care is furnished during the period of attendance at ROTC training camps, see paragraph 3-4.

(2) Civil officers or employees in any branch of the U.S. Government, including an officer or employee of an instrumentality wholly owned by the U.S., who sustain a job-related injury. A job-related injury includes injuries sustained while in the performance of duty and diseases proximately caused by the conditions of employment.

(3) Employees of the Government of the District of Columbia (except certain members of the police and fire departments under the provisions of 5 USC 8101) for injury or disease that is the proximate result of their employment.

(4) Volunteer civilian members of the Civil Air Patrol (CAP) (except CAP cadets under 18 years of age) for injury or disease that is the proximate result of active service, and travel to or from such service, rendered in performance or support of operational missions of the CAP under direction and written authorization of the Air Force.

(5) Former Peace Corps volunteers for injury or disease that is the proximate result of their employment. An injury suffered by a volunteer when he is outside the several States and the District of Columbia is deemed proximately caused by his employment, unless the injury or disease is caused by willful misconduct of the volunteer, caused by the volunteer's intention to bring about the injury or death of himself or of another, or proximately caused by the intoxication of the injured volunteer.

(6) Job Corps enrollees after termination of enrollment or other congressionally mandated programs that authorize care in MTFs for injury or disease that is the proximate result of their employment.

(7) Care will be furnished OWCP beneficiaries upon their presentation of DOL Form CA 16, signed by their

supervisor or a HCFA Form 1500 (Health Insurance Claim Form). This form may be obtained from the nearest local Health and Human Services Health Care Financing Administration. The following special provisions apply:

(a) DOL Form CA-16 will be submitted on an individual basis and may not be used to authorize medical care for the same injury when further medical care is needed by an employee. Rather, the MTF will prepare SF 502 as described in b(1)(b) below.

(b) DOL Form CA 16 will include a nine-digit employee identification number (EIN) as well as an eight-digit billing number. The MTF concerned will ensure that the completed form received from the employing agency bears that agency's EIN.

(c) The Department of Labor limits the period for which treatment is authorized by a DOL Form CA 16 to 60 days from the date of issuance. If the attending physician determines that care will exceed 60 days, a request must be submitted through the employing agency to provide additional care. HCFA Form 1500 and SF 1080 (Voucher for Transfer Between Appropriations and/or Funds) will be submitted for reimbursement to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

(8) Use of military medical facilities by nonappropriated fund (NAF) employees is normally limited to initial or emergency treatment only. See AR 215-1, chapter 14, section XV, for additional information on benefits provided to NAF employees who sustain a job-related illness or injury.

b. Medical care for current employees. Medical care will be furnished a current employee as a beneficiary of the OWCP on presentation of DOL CA Form 16 with Part A prepared and signed by the official supervisor of the employee. If emergency medical care is furnished without presentation of this form, the appropriate official will be notified immediately and requested to submit this form within 48 hours. If that official determines that it is inappropriate to prepare DOL CA Form 16 under the regulations issued by the OWCP and notifies the MTF to that effect, charges for medical care will be collected locally from the individual concerned. Supplies of this form, if needed, may be obtained from the appropriate publication center or the appropriate District Office of the OWCP as shown in figure 3-1.

(1) *Hospitalization.*

(a) The employee will present the original and one copy of DOL CA Form 16 to the Army MTF in which medical care is desired. As promptly as possible after the employee has been examined at the MTF, Part B of this form will be completed and signed by the attending medical officer. The original of the completed DOL CA Form 16 will be forwarded immediately to the appropriate office of the OWCP as shown in figure 3-1. The other copy of the completed DOL CA Form 16 will be attached to DD Form 7 as a substantiating document.

(b) If extensive hospitalization is required, a narrative report will be submitted on SF 502 showing the history, physical findings, laboratory findings, and a general abstract of the patient's hospital record. This information should be forwarded to the appropriate office of the OWCP periodically or at the time of discharge if the hospitalization does not exceed 1 month. The report should also show the diagnosis for conditions due to the injury; conditions not due to the injury; and condition on discharge with the opinion as to the degree of physical impairment, if any, from conditions due to the injury.

(2) *Outpatient care.* The employee will present the original DOL CA Form 16 to the Army MTF in which outpatient medical care is desired. As promptly as possible after the employee is examined at the MTF, Part B of DOL CA Form 16 will be executed by the attending medical officer. The completed form will be retained in the files of the MTF as a possible substantiating document for billing purposes.

(3) *Prostheses and appliances and when authorized by the OWCP.*

(a) All necessary prostheses, hearing aids, spectacles, or special orthopedic footwear will be furnished when required in the proper treatment of a case.

(b) All necessary dental care, including prosthetic dental appliances, will be furnished when authorized by the OWCP.

(c) When a beneficiary of the OWCP is furnished a prosthetic appliance, spectacles, a hearing aid, or orthopedic footwear on an outpatient basis, a separate charge will be made for the item. DD Form 7/7A and SF 1080 will be submitted to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for reimbursement and will show the type of item furnished and the cost. Charges for spectacles will be according to AR 40-63/NAVMEDCOMINST 6810.1/AFR 167-3.

(4) *Transfer of beneficiaries.*

(a) *Transfer of patients requiring prolonged treatment.* A beneficiary of the OWCP requiring prolonged treatment will be reported by the facility to the OWCP for removal from the Army MTF as soon as the patient's condition permits. Transfer will be at the expense of the OWCP.

(b) *Transfer when necessary for other purposes.* When transfer is necessary for the proper treatment of the patient, a beneficiary of the OWCP may be transferred from the Army MTF to another MTF (military or civilian). Prior authorization for such transfers will be secured from the OWCP if time permits. In an emergency, a patient may be transferred without prior authorization, but if such action is taken, the OWCP will be notified immediately. Transfer will be at the expense of the OWCP.

(5) *Disallowances by the OWCP.* The OWCP will advise the MTF of any claim that is not compensable because of

a finding that the employee's injury or disease was not incurred in the performance of duty. In that event, the charges for medical care incurred on or after the date of receipt of the notice of disallowance become the personal responsibility of the employee. The MTF will notify the patient of the OWCP's ruling and collect from him or her for any period of hospitalization or other medical costs subsequent to the date of receipt of the notice of disallowance.

c. *Medical care for former employees.* Examination and/or follow-up treatment will be furnished a former Government employee as a beneficiary of the OWCP upon presentation of a request from the appropriate district OWCP office. A report of examination and/or treatment, DD Form 7/7A, and SF 1080 will be forwarded to the requesting OWCP office for reimbursement. DD Form 7/7A, as appropriate, will be submitted to Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-60010.

3-25. Beneficiaries of the Public Health Service and National Oceanographic and Atmospheric Administration

a. *Medical care.* Upon presentation of written authorization, PHS beneficiaries may be provided medical care as indicated in (1) through (3) below. If a beneficiary is furnished emergency care without the required authorization, the MTF commander must seek such authorization as soon as possible from the proper authority as indicated below.

(1) *Native Americans and Alaska Natives.* The authorizing Service unit is the Indian Health Service facility which encompasses the geographic area where the Native American patient resides. In addition, the patient must be eligible for contract services as defined in 42 USC 36c.

(a) *Native Americans in CONUS.* Authorization will be prepared and signed by an Indian Health Service unit director or his or her designee.

(b) *Native Americans and Alaska natives in Alaska.* Authorization will be prepared and signed by the Service unit director or his or her designee of an Indian Health Service unit in Alaska.

(2) *Inactive Reserve PHS commissioned officers.* Medical examinations and immunizations may be furnished upon presentation of written authorization from the Commissioned Personnel Operations Division, PHS, Parklaw Building, 5600 Fishers Lane, Rockville, MD 20857. The authorization will include the nature of and the reason for the service desired and a statement that the individual is entitled to such service at PHS expense. When immunizations are requested in addition to medical examinations, the type of each immunization will be stated specifically. The original of the completed medical examination report will be sent to the authorizing office referred to above as soon as the examination is completed. A copy of the authorizations for medical examinations and immunizations will be sent to the authorizing office together with DD Form 7/7A and SF 1080 for billing purposes. When hospitalization is needed to conduct these examinations, DD Form 7 and SF 1080 will be forwarded to the authorizing office for collection.

(3) *AD noncommissioned officers and crews (Wage Marine) of vessels of the National Ocean Service, National Oceanic and Atmospheric Administration (NOAA).* This care is limited to emergency care or care specifically authorized by the PHS. (Authorization may be obtained or confirmed telephonically.) All care provided will be reported to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for reimbursement on DD Form 7/7A and SF 1080 as indicated in appendix B.

b. *Dental care.*

(1) Dental care in the U.S., its possessions, and the Commonwealth of Puerto Rico will be limited to emergency care for the relief of pain or acute conditions and dental care requiring hospitalization. Such care will not include the provision of prosthetic dental appliances or permanent restorations.

(2) In overseas areas, dental care is authorized to the extent needed pending the patient's return to the U.S., a U.S. possession, or the Commonwealth of Puerto Rico.

c. *Notification.* When a PHS or NOAA officer is admitted to an Army hospital, notification will be made to the Beneficiary Medical Program in Rockville, Maryland at 1-800-368-2777.

3-26. Selective Service registrants

Selective Service (SS) registrants, by or under the authority of the Director, SS, will be furnished necessary medical examinations. Hospitalization is authorized when their medical fitness for military service cannot be determined without hospital study. SS registrants who suffer illness are authorized emergency medical care including emergency hospitalization as beneficiaries of the SS system.

3-27. Beneficiaries of the Department of State and associated agencies

a. Officers and employees of the agencies in (1) through (9) below, their family members, and applicants for appointment to such agencies are authorized medical care in Army facilities.

- (1) Department of State.
- (2) U.S. Agency for International Development.
- (3) U.S. Information Agency.
- (4) Foreign Agricultural Service, Department of Agriculture.
- (5) Bureau of Public Roads, Department of Commerce.
- (6) Federal Aviation Administration (FAA).

(7) Foreign Claims Settlement Commission.

(8) Drug Enforcement Administration.

(9) Such other agencies as may from time to time be included in the medical program of the Department of State.

b. Care outside the U.S. is authorized as specified below.

(1) *Inpatient care.* Authorization for officers and employees will be prepared by the individual's superior officer, or, if there is no superior officer, by the individual himself or herself. The authorization will show the individual's name, the diagnosis, if known, and will state that the individual is a citizen of the U.S. on duty abroad in the employment of one of the agencies, naming the type of service and the place of duty. In the case of family members, authorization will be prepared by the immediate superior officer of the family member's sponsor, or, if there is no immediate superior officer, by the sponsor himself or herself. The authorization will show the family member's name, the diagnosis, if known, and will state that the family member is residing abroad with his or her sponsor. It will also give the name and relationship of the family member's sponsor, with the statement that the sponsor is a citizen of the U.S. abroad in the employment of one of the above agencies, giving the place and type of employment. In either case, the authorization will also state that the individual is entitled to inpatient care at the expense of one of the agencies listed in a(1) through (9) above.

(2) *Outpatient treatment.* Outpatient treatment at the expense of one of the agencies in a(1) through (9) above is authorized only when treatment is furnished for a condition that results in hospitalization or treatment required for post hospitalization follow up.

(3) *Medical examinations and immunizations.* Medical examinations including periodic examinations (usually biennial) and immunizations may be furnished upon presentation of authorization completed as indicated in (1) above. In addition, the authorization will include the nature of the service desired, the justification, and contain the statement that the individual is entitled to these services at the expense of one of the above agencies. Proper medical examination documentation—in triplicate—will be enclosed with the authorization showing in detail the exact extent of the medical examination required. When immunizations are requested, the type of each immunization will be stated specifically. The original and one copy of medical examination documentation will be forwarded, as soon as the examination is completed, to the authorizing office.

(4) *Dental care.* Dental care may be provided on a space-available and reimbursable basis.

(5) *Care not covered by the Department of State medical program—*

(a) *Inpatient care.* Authorization for officers and employees and their family members listed above will be prepared as indicated in b(1) above, except it will state that charges for medical care will be collected from the individual.

(b) *Outpatient treatment.* Charges for all outpatient treatment will be collected locally from the individual.

(c) *Dental care.* Dental care will be limited to that authorized in (4) above.

c. Medical examinations and immunizations of applicants for appointment as officers or employees in the service of one of the agencies in a above may be furnished upon presentation of authorization completed as indicated in b(1) above. For additional instructions concerning authorization and disposition of forms, the provisions of b(3) above apply.

d. Officers and employees and their family members (to include applicants for appointment) who are beneficiaries of one of the agencies in a above are authorized care as follows:

(1) *Medical examinations and immunizations.* Medical examinations and immunizations of applicants for appointment as officers or employees in the service of one of the agencies in a above.

(2) *Periodic medical examinations.* Periodic medical examinations (usually biennial) of officers and employees of one of the agencies in a above who are on duty or leave in CONUS.

(3) *Medical examinations and immunizations.* Medical examinations and immunizations for family members of officers and employees of one of the agencies in a above. Authorization for any of these services will be prepared by one of the agencies in a above as indicated in b(1) and (2) above.

e. Those officers and employees and their family members listed in a and c above who are hospitalized in Army MTFs outside the U.S. and require prolonged hospitalization may be evacuated to the U.S. through medical evacuation channels. Such evacuation, in the case of officers and employees, will be coordinated with the nearest office of the agency concerned.

f. The extent of medical care furnished at Army MTFs in the U.S. and reimbursement criteria prescribed in the case of those officers and employees and their family members listed in a above, who are evacuated to the U.S. for medical reasons, will be comparable in all respects to that which is authorized or prescribed outside the U.S. Officers and employees listed in a above who are returned to the U.S. for non-medical reasons (for example, leave or TDY) and accompanying family members may be furnished medical care at the expense of one of the agencies in a above for treatment of an illness or injury that was incurred in LD while outside the U.S.

g. For the extent of medical care authorized in the U.S. for those officers and employees and their family members listed in b(5) above who are evacuated to the U.S. for medical reasons, the provisions of paragraph 3-54 apply.

3-28. Peace Corps personnel (volunteers, volunteer leaders, and employees), including Peace Corps applicants, and family members of volunteer leaders and employees.

Medical care will be furnished subject to the conditions specified below and upon presentation of a signed authorization for treatment from a representative of the Peace Corps in the case of volunteers, volunteer leaders, and family members of volunteer leaders; from a representative of the Department of State (the principal or administrative officer of the Foreign Service Post) in the case of employees and their family members; or from a representative of Peace Corps Headquarters in Washington, DC in the case of Peace Corps applicants.

a. Outside the U.S.

(1) *Volunteers, volunteer leaders, and family members of volunteer leaders.* Medical care is authorized under the same conditions and at the same rate for the same care as personnel listed in paragraph 3-27.

(2) *Employees and their family members.*

(a) Employees and their family members who are beneficiaries of the Peace Corps are authorized the same care, under the same conditions, and at the same rate as personnel listed in paragraph 3-27.

(b) Employees and their family members who are not beneficiaries of the Peace Corps are authorized the same care under the same conditions and at the same rate as personnel listed in paragraph 3-27b.

(3) *Peace Corps applicants.*

(a) Except as provided in (b) below, medical services for Peace Corps applicants are limited to medical examinations and immunizations. Hospitalization is authorized only when necessary for the proper conduct of examinations. Reports of medical examinations will be forwarded to Director, Medical Programs, Peace Corps, Washington, DC 20006.

(b) Peace Corps applicants in training status outside the U.S. are authorized medical care in Army MTFs on the same basis as Peace Corps volunteers.

b. Inside the U.S.

(1) *Peace Corps applicants.* Medical services in the U.S. for Peace Corps applicants is limited to medical examinations and immunizations. Hospitalization is authorized only when necessary for the proper conduct of examinations.

(2) *Volunteers, volunteer leaders, and family members of volunteer leaders and employees.* Except as provided in (3) below, medical care is authorized only on a temporary basis (para 3-54).

(3) *Peace Corps volunteers.* Peace Corps volunteers evacuated from stations in the South Pacific may be provided care at TAMC.

c. Records. A complete medical report will be furnished the local Peace Corps physician upon completion of hospitalization or, in the event of a prolonged illness, a medical report will be sent periodically. Similarly, in the case of outpatient treatment, a brief medical report will be forwarded to the local Peace Corps physician upon completion of treatment.

d. Evacuation. Evacuation from an Army MTF to CONUS will be coordinated with the local Peace Corps representative.

e. Care as OWCP beneficiaries. See paragraph 3-24 for care available to Peace Corps volunteers as beneficiaries of the OWCP.

3-29. Members of the U.S. Soldiers' and Airmen's Home

a. Except as provided in b below, members of the U.S. Soldiers' and Airmen's Home (USSAH) are authorized care as beneficiaries of the USSAH. Care is limited to medical facilities at Andrews AFB, Bolling AFB, Forts Belvoir, Meade, Myer, McNair and Detrick; and Walter Reed Army Medical Center. Any charges will be billed to the USSAH for collection from individual residents as appropriate.

b. Members of the USSAH who are also retired members of the Army or Air Force will be treated as retired members under the provisions of paragraph 3-9 and 3-10.

c. Non-retired residents of the USSAH are authorized outpatient care at no cost and inpatient care at subsistence rates billed to the USSAH. On 22 Oct 87, the Assistant Secretary of the Army declared these patients Secretary of the Army designees.

3-30. Beneficiaries of the Department of Justice

a. Federal Bureau of Investigation. Upon presentation of written authorization, agents of the Federal Bureau of Investigation may be furnished medical examinations. Charges for medical examinations will be collected from the Department of Justice on submission of DD Form 7/7A and SF 1080. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7 will be forwarded to the U.S. Department of Justice through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

b. Claims administered by the Department of Justice. Upon presentation of written authorization from the Department of Justice or the U.S. attorney in the case, persons whose claims are being administered by the Department of Justice may be furnished medical examinations to determine the extent and nature of the injuries or disabilities claimed. Charges for medical examinations will be collected locally from the Department of Justice through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on submission of DD Form

7A and SF 1080. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7 will be forwarded to Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

3-31. Beneficiaries of the Treasury Department

a. Treasury, U.S. Customs agents, and Secret Service agents (examinations). Upon presentation of written authorization, examinations may be conducted and will be recorded in the same manner as routine annual medical examinations for Army officers, but on an outpatient basis only. If hospitalization is considered desirable in connection with the examination, a statement to that effect will be entered in item 42 or 44 of the SF 88 (Report of Medical Examination), as appropriate. One copy of the SF 88 and SF 93 (Medical Record-Report of Medical History) for medical examinations provided these agents will be forwarded to the Chief, U.S. Secret Service, Treasury Department, Washington, DC 20220. Charges for examinations will be collected from the Department of Treasury on submission of DD Form 7A supported by a copy of the authorization for medical examination and SF 1080. AR 1-4 addresses medical support provided the U.S. Secret Service in performing its protective responsibility.

b. Agents of the U.S. Customs Service and their prisoners. U.S. Customs Service agents and prisoners under their jurisdiction may be provided emergency medical care at Army MTFs located near CONUS borders. Services provided will be reported to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on DD Form 7/7A and SF 1080, as appropriate, for reimbursement. The guarding of civilian prisoners in the custody of U.S. Customs Service agents will be provided by the U.S. Customs Service or other appropriate nonmilitary law enforcement agency (para 3-38).

3-32. Federal Aviation Administration air traffic control specialists

a. Upon written request from the FAA regional flight surgeon, Army MTFs are authorized to provide the following ancillary examinations on an outpatient basis to air traffic control specialists who are undergoing a physical examination by an FAA physician:

- (1) Resting electrocardiogram.
- (2) Exercise electrocardiogram.
- (3) Posterior-anterior chest x ray.
- (4) Audiogram.
- (5) Basic blood chemistries listed below (plus automated blood chemistry program, if available. Example: SMA-12.)
 - (a) Two-hour post prandial blood sugar.
 - (b) Blood urea nitrogen.
 - (c) Serum cholesterol.
 - (d) Uric acid.

b. The Army will not read or evaluate the results of tests. Results will be forwarded directly to the FAA regional flight surgeon who requested the examination.

c. Services provided will be reported for reimbursement to the FAA through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on DD Form 7A and SF 1080 supported by a copy of the request from the agency for the Services.

3-33. Job Corps and other Congressionally mandated Volunteer Programs in Service to America and applicants

a. Verification. Before treatment or examination is provided, there must be verification that personnel in the Congressionally mandated program are authorized care or examination at an Army MTF.

b. Job Corps. Job Corps applicants for enrollment and Job Corps enrollees may be provided the services in (1) and (2) below in Army MTFs as beneficiaries of the Department of Labor. An authorization signed by an appropriate Job Corps official must be presented before services can be provided.

- (1) Job Corps applicants for enrollment may be provided pre-enrollment medical examinations and immunizations.
- (2) Job Corps enrollees may be provided hospitalization, outpatient medical treatment, examinations, and immunizations. Dental care will not be provided except emergency treatment to relieve pain and suffering.

c. Services available at MEPS. The MEPS commander may provide pre-employment medical examinations on a space-available basis.

d. Remediable physical defects. Upon presentation of an appropriate authorization form signed by a Job Corps or Volunteers in Service to America (VISTA) physician, surgery or other treatment required to correct remediable physical defects of Job Corps enrollees and VISTA personnel may be provided. Army MTFs may provide these services if, in the professional judgment of the medical officers concerned, such treatment is indicated and the required sources are available. The authorization form should contain a statement that in the opinion of the authorizing physician, the condition will interfere with or substantially impede the training or future employability of a Job Corps enrollee or will seriously interfere with a VISTA volunteer's performance of duty.

e. Reports to Job Corps. Hospitalization, outpatient care, examinations, and immunizations furnished will be reported for reimbursement to the Job Corps through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth

Road, Fort Sam Houston, TX 78234-6000 on DD Form 7/7A and SI 1080 supported by documentation from the Job Corps or VISTA authorizing the services. In the case of VISTA personnel provided hospitalization or outpatient treatment on the basis of their Blue Cross and Blue Shield ID card, the VISTA ID number of the patient will be shown after the name of the patient in item 5 of the DD Form 7/7A.

f. *Beneficiaries of the OWCP.* After termination of their duty with the Job Corps or VISTA, these personnel are eligible for OWCP benefits. To establish their eligibility for these benefits, Army MTFs providing treatment to such personnel will, upon request, complete the medical certificate.

3-34. Social Security beneficiaries

Nonbeneficiaries who are Medicare-eligible may be provided hospitalization in Army MTFs in the U.S. in an emergency to prevent undue suffering or loss of life. The local office of the Social Security Administration (SSA) will be notified as soon as possible after emergency admission of one of their beneficiaries. The SSA can pay for care furnished its beneficiaries in a Federal hospital only if it is located in the U.S. and only during the period of the emergency. The patient or responsible family member will be informed of this and will be advised that arrangements should be made with a civilian hospital that participates in the Medicare Program so that the patient can be transferred as soon as his or her condition has improved to the extent that he or she can be moved. Emergency hospitalization of SSA beneficiaries will be reported for reimbursement to the appropriate financial intermediary on DD Form 7/7A along with a UB-92 (Uniform Bill) or HCFA Form 1450 (Billing Statement). Amounts unpaid by the financial intermediary will be collected from the patient. This paragraph does not apply to family members and retired members and their family members who are beneficiaries under the provisions of sections III and IV of this chapter. UB-92 and HCFA Form 1450 may be obtained from the nearest local Health and Human Services Health Care Financing Administration or accessed on the HCFA.gov web site.

3-35. Micronesian citizens

Pacific Island Nation citizens covered by the Compact of Free Association and referred by their governments to TAMC for specialized treatment may be provided hospitalization and outpatient treatment. Pacific Island governments will be billed at interagency rates or at rates established by the commander of TAMC according to the Compact of Free Association. Because of historical status as Trust Territories of the Pacific Islands, payment guaranteed by governments of Pacific Island Nations will be treated as reimbursement source code 899, "all other Federal agencies outside DOD."

3-36. American Samoan citizens

Citizens of American Samoa referred by the Governor of American Samoa to TAMC for specialized treatment may be provided hospitalization and outpatient treatment as beneficiaries of the government of American Samoa at rates specified in appendix B. Collection will be made locally.

Section VIII

Miscellaneous Categories of Eligible Persons

3-37. Secret Service protectees and protectors

Medical service authorized by AR 1-4 on a nonreimbursable basis includes care in Army MTFs for persons protected by the U.S. Secret Service (for example, the President of the U.S.) and individuals engaged in providing such protection. When hospitalized, a charge for subsistence will be collected locally from the individual.

3-38. Persons in military custody and nonmilitary Federal prisoners

a. *Enemy prisoners of war and other detained personnel.* Members of the enemy armed forces and other persons captured or detained by U.S. Armed Forces are entitled to medical treatment of the same kind and quality as that provided U.S. Forces in the same area. Detainees suffering from serious injury or disease necessitating special treatment or hospitalization will be medically evacuated to the military or civilian medical unit where such treatment can be given. When civilian hospital facilities are not available, or their use is not feasible because of operational or security considerations, U.S. MTFs will be utilized for the medical treatment of civilian internees or other civilians injured, wounded, diseased, or ill as a result of enemy or allied actions. Ambulatory detainees will be transferred to the nearest detainee collecting point or prisoner of war/civilian internee camp when the need for special medical care has been fulfilled. Other civilians may be released or transferred to the nearest civilian medical facility as the patient's medical condition permits (AR 190-8, AR 190-57, DA Pam 27-1, and the 1949 Geneva Convention, Article 122 and Article 138).

b. *Military prisoners.*

(1) Military prisoners whose punitive discharges have been executed but whose sentences have not expired are authorized all necessary medical care.

(2) Military prisoners whose punitive discharges have been executed and who require hospitalization beyond expiration of sentences are not eligible for care but may be hospitalized as pay patients until disposition can be made to some other facility.

(3) Military prisoners on parole pending completion of appellate review or whose parole changes to an excess leave status following completion of sentence to confinement while on parole are members of the military services. Accordingly, they are authorized medical care to the same extent as other soldiers. An individual on parole whose punitive discharge has been executed is not a member of the military services and is not eligible for care in Army MTFs. However, in exceptional circumstances, care in Army MTFs may be requested under the provisions of Secretary of the Army designee in paragraph 3-50. (Additional details are contained in AR 190-47.)

c. Nonmilitary Federal prisoners. Such persons are authorized only emergency medical care. When such care is furnished, the institution to which the prisoner is sentenced must furnish the necessary guards to control the prisoner and prevent his or her escape. Under no circumstances will military personnel be utilized to guard or control the prisoner. Upon completion of emergency medical care, arrangements for transfer to a nonmilitary medical facility or return of the prisoner will be made with the appropriate official of the institution to which the prisoner is sentenced. Charges for emergency medical care will be collected from the authorizing institution by submitting DD Form 7/7A and SF 1080.

3-39. Maternity care for former members of the Armed Forces

a. General. Except as provided in e below, former members of the Armed Forces separated with service characterized as honorable or general (under honorable conditions), or described as uncharacterized, who are shown by an examination given at an Armed Forces MTF to have been pregnant at the time of separation are authorized maternity care in MTFs for that pregnancy as specified below. Such care is limited to MTFs having OB/GYN capability. Care in civilian facilities is not authorized at Government expense except when necessary to augment treatment provided at the MTF. This care is provided in the same manner as care for AD soldiers within the MTFs area of responsibility to include providing care under MCS contracts. The term "maternity care" as used here includes prenatal care, hospitalization, and delivery. Newborns will be charged the full reimbursable rate from the time of birth. (See para 3-12c.) (This provision does not apply to RC members who are completing a period of authorized training except when they have served at least one year of continuous extended AD and meet other requirements of this para.) The provisions of this paragraph also apply to former members of the commissioned corps of the PHS and the NOAA and their newborn infants. Charges for care applicable for AD soldiers of the commissioned corps of PHS and NOAA will apply and will be billed to PHS.

b. Application. Eligible former members requesting maternity care will apply in writing to the MTF nearest their home and present a copy of either DD Form 214 (Certificate of Release or Discharge from Active Duty), DD Form 256A (Honorable Discharge Certificate), or DD Form 257A (General Discharge Certificate (Under Honorable Conditions)). They will also present documentation of their pregnancy at the time of separation as proof of eligibility for maternity care.

c. Newborn infants. If the infant is referred to a civilian source, care is at the mother's expense.

d. Abortions. Medical care may include abortions under the conditions outlined in paragraph 2-18.

e. EPTS pregnancies. The provisions of this paragraph do not apply to members who are determined by medical authorities to have been pregnant on the date of entrance on AD or any type of authorized duty.

3-40. Individuals whose military records are being considered for correction

Individuals who require medical evaluation in connection with consideration of their case by the Army, Navy, or Air Force Board for Correction of Military Records are authorized evaluation, including hospitalization when necessary, in Army MTFs. (Army personnel in this category are advised by The Adjutant General that they may report to a designated medical facility for evaluation.)

3-41. Seamen

a. General. Civilian seamen in the service of vessels operated by the DA or the Military Sealift Command listed in b and c below are still in the service of a vessel, although not on board and not engaged in their duties, as long as they are under the power and jurisdiction of competent DA or Military Sealift Command authorities.

b. Civilian seamen in the service of vessels operated by the DA. Such seamen paid from appropriated funds are authorized to receive without charge those occupational health services outlined in AR 40-5. Except in emergencies, such persons will be furnished medical care (other than occupational health services) only when facilities of the PHS are not available. Authorization for such care will be granted upon presentation of written authorization, from the vessel master or other appropriate administrative authority, which may be dispensed only in emergencies.

c. Civilian seamen in the service of vessels operated by the Military Sealift Command. Such persons are eligible for care upon presentation of written authorization from the vessel master or other appropriate administrative authority. When immediate treatment is required and the employee concerned does not have the required written authorization, the nearest Military Sealift Command office or representative will be requested to submit such authorization as soon as possible. The authorization will be attached to DD Form 7/7A and SF 1080 and related documents when submitted to the authorizing military sealift command office for reimbursement.

d. Crews of ships of U.S. registry. Such crews-including ships' officers-are eligible for care when outside the U.S., its territories, possessions, and the Commonwealth of Puerto Rico. This category includes the crews of ships of U.S.

registry such as those aboard DOD time-chartered vessels of commercial operators, those aboard time-chartered vessels referred to above for emergency medical care, and those on privately owned and operated vessels. *Care as OWCP beneficiaries.* See paragraph 3-24 for care available to civilian seamen as beneficiaries of the OWCP.

Note. Dental care authorized to seamen by this paragraph will be limited to emergency dental care for the relief of pain or acute conditions or for dental conditions requiring hospitalization. Such dental care will not include the provisions of prosthetic dental appliances or permanent restorations.

3-42. Red Cross personnel

a. MTF Commanders, CONUS AND OCONUS, may accept the services of the Red Cross, as well as the services of Red Cross volunteers providing support to Government personnel in the delivery of health care and health care-related services to Armed Forces personnel and DOD beneficiaries. The acceptance of Red Cross services and services of Red Cross volunteers will be in strict compliance with AR 930-5. The MTF Commanders are responsible for ensuring that Red Cross volunteers placed under their supervision conform to the provisions of paragraph b below.

b. Individual Red Cross volunteers providing authorized health care and health care-related services, including physicians, dentists, nurses (practical and registered), pharmacists, therapists, podiatrists, psychologists, and orderlies will—

(1) Be subject to the same control by the MTF supervisor that is exercised over compensated personnel providing comparable services;

(2) Provide those services within the scope of their authorized duties;

(3) Be licensed, credentialed, and privileged according to AR 40-68;

(4) Comply with applicable standards of conduct;

(5) Receive no compensation from any source, including the Red Cross or any agency of the United States, for the services provided; and,

(6) Not perform any policy-making functions.

c. Red Cross volunteers providing health care and health care-related services consistent with the provisions of paragraph b above will be considered employees of the United States for purposes of claims arising from the performance of such services. Consequently, they will be expected to notify the MTF Commander or his or her representative of all actual or potential claims (for example, filed pursuant to the Federal Tort Claims Act or Military Claims Act) and to cooperate fully with the United States in its investigation.

d. When on a tour of duty with a Uniformed Service outside the U.S., Red Cross personnel and their family members, are authorized hospitalization and medical care on a space-available basis. Charges for care will be at the subsistence rate and collected locally from the patient. At MTFs in the U.S., authorization is limited to treatment of injuries sustained in the performance of duties at an Army installation.

3-43. Civilian student employees

a. As used in this paragraph, "civilian student employee" applies to a student nurse, medical or dental intern, resident-in-training, student dietitian, student physical therapist, student occupational therapist, and any other student employee assigned to an Army MTF for training purposes under an affiliation agreement with a civilian institution (AR 351-3).

b. Civilian student employees are authorized care as OWCP beneficiaries for injury or disease that is the proximate result of their employment (para 3-24a(2)).

c. Such employees are also authorized occupational health services as described in AR 40-5.

d. Medical care for other conditions occurring during the training period may be authorized at the discretion of the MTF commander. Such care will not include elective medical treatment or treatment for prolonged periods.

e. Treatment authorized by c and d above will be without charge except for subsistence when hospitalized.

3-44. Civilian employees of U.S. Government contractors and their family members outside the United States

These employees and their family members may be provided care only outside the U.S. except as provided in paragraph 3-45.

3-45. Medical examinations for civilian employees of DOD contractors

Civilian employees of DOD contractors listed in a, b, c, and d below are authorized medical examinations at Army MTFs both within and outside the U.S. When hospitalization is necessary for the proper conduct of the examination, a charge for subsistence will be collected locally from the individual.

a. Civilian contractor flight instructors.

b. Civilian contractor employees upon request of the Defense Logistics Agency under the DOD Industrial Security Program (AR 380-49).

c. Civilian employees of food service contractors (AR 40-5).

~~d. Civilian employees of DOD contractors on a reimbursable basis (app B) working with nuclear and chemical surety programs according to AR 50-5 and AR 50-6.~~

3-46. Civilian participants in Army-sponsored activities

Civilian participants in Army-sponsored sports, recreational, educational, or training activities who are injured or become ill while participating in such activities may be furnished inpatient and outpatient medical care without charge except for subsistence when hospitalized. The commander of an MTF may also furnish medical examinations and immunizations to these individuals when he or she considers that such procedures are necessary. Hospitalization will be furnished only on a temporary basis until such time as appropriate disposition can be accomplished. Persons eligible under this paragraph include but are not limited to—

- a. Senior ROTC cadets and students participating in extracurricular activities under Army sponsorship.
- b. Junior ROTC students participating in Army-sponsored instructional activities.
- c. Boy Scouts and Girl Scouts of America participating in visits, training exercises, and encampments at Army installations.
- d. Civilian athletes training and/or competing in sports activities as part of the U.S. Olympic effort.
- e. Civilian participants in Army marksmanship and parachute team training and competitive meets.
- f. Students and members of sports groups invited to participate in sports activities at Army installations as part of the Army Sports Program.
- g. Members of little league teams participating in sports, recreational, or training activities at Army installations.

3-47. Claimants whose claims are administered by Federal departments and claimants who are the proposed beneficiaries of private relief bills

a. *DOD.* To determine the extent and nature of the injuries or disabilities claimed, civilian claimants, upon the request of the agency responsible for administering the claim, may be furnished medical examinations and hospitalization incident thereto, including subsistence, without incurring any charge.

b. *Other Federal departments.* To determine the extent and nature of the injuries or disabilities claimed, civilian claimants upon the request of the Federal department responsible for administering the claim may be furnished medical examinations including hospitalization when necessary for the proper conduct of the examination. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7/7A and SF 1080 will be forwarded to the authorizing department for reimbursement.

c. *Other claimants.* Claimants who are the proposed beneficiaries of private relief bills based on injuries or disabilities allegedly arising out of the operation of the DOD may be furnished medical examinations and hospitalization incident thereto, including subsistence, without any charge in order to determine the extent or nature of the injuries or disabilities claimed.

3-48. Persons who provide direct services to the U.S. Armed Forces outside the United States

a. Emergency medical care may be provided in Army MTFs in overseas areas for persons listed in b through d below when they are in the overseas area under ITOs from the DOD or one of the military departments. Care will be provided on a space-available basis. Medical care is not authorized during delays en route except when such delays are for the convenience of the DOD or the Department of State.

b. The categories listed below will be provided emergency outpatient care without charge. Charges for hospitalization will be as stated for each category.

- (1) Civilian religious leaders or religious groups.
- (2) Athletic consultants or instructors.
- (3) Representatives of the United Service Organization (USO) except those listed in c below.
- (4) Representatives of other social agencies and educational institutions.
- (5) Persons in similar status who provide direct services to the Armed Forces.

c. USO professional personnel and accompanying family members may be furnished care at overseas MTFs on a space-available, reimbursable basis. Patients in this category will be required to present proper USO identification. Charges for care will be billed to local USO center headquarters at the full reimbursement rate.

d. Educational representatives of recognized educational institutions regularly assigned to duty in overseas areas, who are providing direct services to the U.S. Armed Forces, and their family members when residing with their sponsors, may be furnished medical care at rates prescribed in appendix B.

3-49. American nationals

American nationals outside the U.S. covered by agreements between the DA and their Federal civilian agencies may be furnished medical care when care in Army MTFs is a condition of the agreement.

3-50. Designees of the Secretary of the Army

- a. Persons not otherwise eligible for medical care may receive such care when they are designated for this purpose

by the Secretary of the Army. Charges are determined on a case-by-case basis by the approving authority. Requests should be initiated through the MTF patient administration division (PAD) and be submitted to Commander, USAMEDCGM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 following the format in the sample memorandum at figure 3-2.

b. Each Uniformed Service secretary has a designee program. Requests should be initiated by the applicant through the uniform services MTF where he or she is seeking care.

c. Non-AD chaplains who are employed in the full-time provision of religious support to the U.S. Military Academy, West Point and their family members are authorized medical and dental care at Army MTFs at Government expense, except for subsistence, at the same level authorized for uniformed members and their family members.

d. Certain civilian officials within the Government are provided Secretary of Army designee status for medical and emergency dental care within CONUS. Charges will be at the "others rate." Within the National Capital Region (NCR), charges for the outpatient care provided all designated officials are waived. Charges for the inpatient care provided members of Congress inside and outside the NCR will be the "full reimbursement rate." Charges for other designated officials for inpatient care inside the NCR and for inpatient and/or outpatient care provided outside the NCR will be at the "interagency rate." Officials provided Secretary of Army designee status include—

- (1) The President.
- (2) The Vice President.
- (3) Cabinet members.
- (4) Article III Federal judges (active and retired).
- (5) U.S. Court of Military Appeals judges.
- (6) Congressmen or Congresswomen.
- (7) Secretary and Deputy Secretary of Defense.
- (8) Under Secretary of Defense for Policy.
- (9) Under Secretary of Defense Acquisition.
- (10) Director of Defense Research and Engineering.
- (11) Assistant Secretaries of Defense.
- (12) Comptroller of the DOD.
- (13) General Counsel of the DOD.
- (14) Inspector General of the DOD.
- (15) Director of Operational Test and Evaluation for the DOD.
- (16) Assistant to the Secretary of Defense for Atomic Energy.
- (17) The Secretaries, the Under Secretaries, and the Assistant Secretaries of the Military Departments.
- (18) The General Counsel of the Military Departments.

e. The Secretary of the Army has delegated the granting of Secretarial designee authority to the MTF commander for newborn infants of former soldiers and newborn infants of dependent daughters of AD born in Army MTFs. The extent of this care applies to the initial hospitalization and one well-baby check only, and the designee will be subject to the same charges as would apply to any dependent entitled to medical care.

3-51. Preadoptive children and court appointed wards

The Secretary of the Army has authorized pre-adoptive children of AD and retired members of the Uniformed Services to receive medical care in Army MTFs until the adoption is finalized and they become entitled to care under 10 USC 1072. Care will be provided under the same conditions and subject to the same charges as would apply to any family member. (See para 3-11.) Court appointed wards are entitled to care as specified in paragraph 3-11 and become TRICARE eligible beneficiaries effective on the date appointed as a ward by the court.

3-52. Family members of certain members sentenced, discharged, or dismissed from the Uniformed Services

Health care is authorized in MTFs and under the TRICARE Program for family members of former military members under the following conditions.

a. The member has received a dishonorable or bad-conduct discharge or was dismissed from a Uniformed Service as a result of a court-martial conviction for an offense, under either military or civilian law, involving abuse of a dependent of the member or was administratively discharged from a Uniformed Service as result of such an offense.

b. Family members of soldiers who receive a dishonorable or bad-conduct discharge or a court-martial conviction for an offense involving abuse are authorized 1 year of medical and dental care for injury or illnesses resulting from the abuse or for an adverse health condition resulting from knowledge of the abuse. This care is granted through the Secretary of the Army Designee Program. Care in MTFs will be subject to the availability of space and capability of the professional staff. Care shall terminate 1 year from the date of the sponsor's discharge or dismissal. Request for medical care under this provision should be forwarded to the address in paragraph 3-50a to include information

indicated in figure 3-2, paragraphs 4a through 4h. AR 608-1 (Army Community Services Program) outlines eligibility for medical and other benefits under this program.

3-53. Ineligible persons outside the United States

In special circumstances, a major overseas commander (para 1-4b) may authorize care for an ineligible person in Army MTFs under his or her jurisdiction when he or she considers this to be in the best interest of his or her command. Charges for care provided under this paragraph will be at the full reimbursable rate and collection will be made locally.

3-54. Certain personnel evacuated from one area to another

Personnel may be evacuated for medical reasons from an area in which they are eligible for medical care to an area where they are not otherwise eligible for such care. In these cases, personnel will be admitted to or furnished treatment at Army MTFs to which evacuated or while en route thereto when medical care is deemed necessary. Care should be furnished under this paragraph on a temporary basis only until such time as appropriate disposition can be accomplished. When transferring Secretarial designees of one Service to another, prior approval should be acquired from the Office of the Secretary of the Service of the gaining MTF.

3-55. Civilians in emergency

Any person is authorized care in an emergency to prevent undue suffering or loss of life. Civilian emergency patients not authorized Army MTF services will be treated only during the period of the emergency. Action will be taken to transfer such patients as soon as the emergency period ends. Charges for medical care under this paragraph will be at the full reimbursable rate.

3-56. Volunteer subjects in approved Department of the Army research projects

Volunteers under the provisions of AR 40-38 and AR 70-25 are authorized necessary medical care for injury or disease that is the proximate result of their participation in clinical investigation or research protocols. Medical care charges for all categories of personnel described in this chapter will be waived when they require care which is the proximate result of participation in clinical investigation or research protocols. Medical care for civilian employees who volunteer and who perform duty as a volunteer during their regularly scheduled tour of duty will be provided according to paragraph 3-24.

3-57. U.S. nationals in foreign penal institutions

U.S. nationals serving with, employed by, or accompanying the Armed Forces outside the U.S. and its possessions, and their family members, when confined in foreign penal institutions, are authorized medical care of the type and quality furnished prisoners in U.S. military confinement (AR 27-50).

3-58. Domestic servants outside the United States

Army MTFs located outside the U.S. are authorized to provide the following with charges as indicated in appendix B for domestic servants employed or to be employed by DOD military and civilian personnel:

- a. Preemployment health examinations.
- b. Periodic communicable disease detection examinations.
- c. Immunizations.

3-59. U.S. contractor civilian employees stationed in American Samoa

Upon request of the Governor of American Samoa, U.S. contractor civilian employees stationed in American Samoa may be provided care at TAMC. Charges will be collected locally from the individual at rates prescribed in appendix B.

3-60. Civilians injured in alleged felonious assaults on Army installations

When required to complete a criminal investigation, the Secretary of the Army has given commanders of Army MTFs discretionary authority to provide examination and initial treatment without charge to a civilian injured in an alleged felonious assault (for example, alleged rape) occurring on an Army installation. There is no authority to provide care for civilians in the private sector.

3-61. Treatment of former military personnel

- a. Treatment is authorized for former military personnel suspected of Service connected diseases or injuries who have been separated with a permanent disability rating.
- b. Former military personnel involuntarily separated may be authorized temporary extended health benefits through the Continued Health Care Benefit Program.
- c. Former military personnel may be admitted to an Army MTF for diagnosis and treatment when the DOD has established a program(s) and a protocol to evaluate Service-connected impairments (for example, malaria, Agent Orange). Former military personnel determined ineligible for these services will be referred to the nearest VA treatment

facility. When authorized by the DA, DOD, or Congress, former military personnel and their family members may be extended benefits due to involuntary separation.

3-62. Returned military prisoners of war and their family members

Returned military prisoners of war and their family members (as defined in the glossary) are eligible to receive health care in MTFs for a period of up to 5 years commencing on the date the member is separated from the Service for reasons other than retirement. These former members and their family members will be furnished care on the same priority as retired members and their family members.

a. Outpatient care will be furnished without charge. Charges for hospitalization will be at the same rates as those prescribed for retired members and their family members.

b. Movement to, from, and between MTFs will be provided only through local military transportation and military aeromedical evacuation service.

c. These individuals will be furnished care as designees of the Service where treatment is obtained and will be identified by authorization issued by the Office of the appropriate Service Secretary on an individual family basis. They will not be issued military ID cards.

d. These former members and their family members are eligible for care only in Army, Navy, and Air Force MTFs.

3-63. Donors and recipients of organ transplants performed in MTFs

a. Normally, only those persons who have statutory entitlement to care in DOD MTFs or are covered by VA/DOD health care resource sharing agreements (38 USC 8111) and require this service are eligible for care in the Army Organ Transplant Program.

b. Living donors who are not DOD beneficiaries may be used as donors for DOD recipients subject to approval of the Secretary of the Army and receipt of designee status. (See para 3-50.)

c. Living organ donation by an AD soldier to a non-DOD beneficiary is permissible but requires approval from the Office of The Surgeon General (OTSG), ATTN: DASG-HS-AP, 5109 Leesburg Pike, Falls Church, VA 22041-3258. Circumstances requiring more immediate response may be approved telephonically by the OTSG (AR 40-3).

d. Former beneficiaries with failed transplants and beneficiaries who lose entitlement while awaiting a cadaver have no status under the Army Organ Transplant Program. Exceptions may be considered on a case-by-case basis under the Secretary of the Army Designee Program. However, consideration should be given to assisting these categories in establishing coverage under Medicare or other nonmilitary programs. Requests for Secretary of the Army designee status will be processed as prescribed in paragraph 3-50 and will be supported by clinical justification.

e. Foreign nationals are not eligible for transplant services.

f. The Army assumes no liability in the case of a non AD donor whose donation results in mortality. Exception to this position will apply only under circumstances giving rise to a claim or action under the Federal Tort Claims Act.

3-64. Civilian faculty members of the Uniformed Services University of Health Sciences

Civilian faculty members of the Uniformed Services University of Health Sciences are authorized care in Army MTFs on a worldwide basis as Secretarial designees. Charges for care will be as stated in appendix B and will be collected locally from the individual.

3-65. Civilians in a national or foreign disaster

Civilians requiring medical treatment as a result of national or foreign disasters are authorized care in Army MTFs under the policies outlined in AR 500-60. Reimbursement for care provided these individuals will be obtained from the agency in charge of the disaster relief activities.

3-66. Unremarried former spouse

Certain unremarried former spouses of soldiers are authorized health benefits, depending on the length of the marriage (must be at least 20 years) and amount of time the marriage overlapped the soldier's creditable service.

a. *Twenty-twenty-twenty former spouse.* The unremarried former spouse of a member, married to the member or former member for a period of at least 20 years, during which period the member or former member performed at least 20 years of service that is creditable in determining the member's or former member's eligibility for retired or retainer pay, or equivalent pay, is entitled to care according to this chapter. (Former spouses of RC members, who have not yet attained age 60 and qualified for retired pay, are not entitled to care until the date the former member attains, or would have attained, age 60.)

b. *Twenty-twenty-fifteen former spouse.* The unremarried former spouse described in a above, except that the period of overlap of marriage and the member's creditable service was at least 15 years, but less than 20 years, is entitled to care as in paragraph 3-11 if—

(1) Final decree of divorce, dissolution, or annulment of the marriage was before April 1, 1985; or

(2) Marriage ended on, or after, September 29, 1988, entitling the former spouse to health benefits for 1 year, beginning on the date of the divorce, dissolution, or annulment.

District Office 1-Boston
U.S. Department of Labor, OWCP
One Congress Street, Eleventh
Floor
Boston, MA 02114

District Office 2-New York
U.S. Department of Labor, OWCP
201 Varick Street, Room 750
New York, NY 10014

District Office 3-Philadelphia
U.S. Department of Labor, OWCP
Gateway Building, Room 15200
3535 Market Street
Philadelphia, PA 19104

District Office 6-Jacksonville
U.S. Department of Labor, OWCP
214 North Hogan Street, Suite
1005
Jacksonville, FL 32202

District Office 9-Cleveland
U.S. Department of Labor, OWCP
1240 East Ninth Street, Room 851
Cleveland, OH 44199

District Office 10-Chicago
U.S. Department of Labor, OWCP
230 South Dearborn Street,
Eighth Floor
Chicago, IL 60604

District Office 11-Kansas City
U.S. Department of Labor, OWCP
City Center Square
1100 Main Street, Suite 750
Kansas City, MO 64105

District Office 12-Denver
U.S. Department of Labor, OWCP
1801 California Street, Suite
915
Denver, CO 80202

District Office 13-San Francisco
U.S. Department of Labor, OWCP
71 Stevenson Street, Second
Floor
San Francisco, CA 94105

District Office 14-Seattle
U.S. Department of Labor, OWCP
1111 Third Avenue, Suite 615
Seattle, WA 98101

District Office 16-Dallas
U.S. Department of Labor, OWCP
525 Griffin Street, Room 100
Dallas, TX 75202

District Office 26-Washington,
DC
U.S. Department of Labor, OWCP
800 N. Capital Street, N.W.,
Room 800
Washington, DC. 20211

Figure 3-1. OWCP address list.

OFFICE SYMBOL (MARKS Number)

MEMORANDUM THRU (MTF PAD)

FOR (USAMEDCOMM ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010)

SUBJECT: Requests for Designees of the Secretary of the Army

1. References:
 - a. AR 40-400;
 - b. (MACOM or agency supplement to AR 40-400.)
2. Background. (Provide background information identifying the problem, condition, or reasons leading to the request.)
3. Objective. (Briefly summarize the overall purpose, goal, or benefit to be achieved in accepting this request.)
4. Basis for request. (As a minimum, the following information will be included in the request, if applicable.)
 - a. Diagnosis of the condition for which care is requested and the name, office address, and telephone number of the physician who most recently treated the condition.
 - b. Name, address, and age of the prospective designee and his or her relationship to a member of the Uniformed Services.
 - c. Documentation from the MTF is attached verifying that the requested care is available for the prospective designee.
 - d. Name, rank, SSN, Service affiliation, address, and telephone number of the military sponsor and whether separating from the Service was on a voluntary or involuntary basis.
 - e. For patients who are or have been eligible for care in Army MTFs, verification through the DEERS of the expiration date for eligibility for care.
 - f. Length of time for which designee status is requested.
 - g. Whether or not access to the aeromedical evacuation system is necessary.
 - h. Attempts made to obtain care from State and local agencies.
 - i. Documentation attached that the applicant has been advised of care available under the Continued Health Care Benefits Program.
 - j. Any other information or documentation that the requester believes will strengthen justification for approving the request.

SIGNATURE BLOCK

Figure 3-2. Sample format memorandum for Secretary of the Army designees

SF 603A

Health Record-Dental-Continuation

SF 1034 and 1034A

Public Voucher for Purchases and Services Other than Personal

SF 1080

Voucher for Transfer Between Appropriations and/or Funds

UB-92

Uniform Bill. (This form can be obtained from the Standard Register Company, Forms Division, through local civilian business forms suppliers.)

VA Form 10-10

Application for Medical Benefits. (VA forms may be obtained from the field station having jurisdiction.)

VA Form 10-10M

Medical Certificate and History

VA Form 10-1204

Referral for Community Nursing Home Care

VA Form 21-526

Veterans Application for Compensation or Pension

Appendix B

Persons Authorized Care at Army MTFs

Table B-1 serves as a quick reference for personnel who admit and bill patients at Army MTFs. (Notes and definitions not defined in the glossary are at the end of the appendix.)

Note. Updated charges can be found in the MSA table of CHCS. Figure B-1 identifies abbreviations used in the table.

**Table B-1
Persons Authorized Care at Army MTFs**

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
Section I. Members of the Uniformed Services							
3-1 and 3-2	Members of the USA, USN, USAF, and USMC (including IETs) serving on AD or ADT.	A11, N11, F11, M11	Subsistence only.	None while on AD. FRR for RC members after training period ends unless care is specifically authorized.	Enlisted Army, SF1080; all others DD139	None.	Yes for AD members. Yes for RC members subject to limitations in paragraph 3-2.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-1	Cadets and midshipmen of USA, USN, and USAF Academies.	A14, N14, F14	Subsistence only.	None.	From the FAO at the appropriate Service academy for USA and USAF cadets. From the Chief of Naval Personnel, Department of the Navy for midshipmen at the USNA.	None.	Yes.
3-2	RC members not on AD medical examinations.	A22, A23, N22, N23, M22, M23	Subsistence only.	None.	Locally from the individual.	None.	No.
3-3	SROTC members with LD conditions incurred during required field training.	A21, N21, F21, M21	Subsistence only.	None.	From RPA.	DD Form 139	Yes, subject to limitations in paragraph 3-3.
3-1 and 3-2	Members of other Uniformed Services (USCG and the commissioned corps of the PHS and the NOAA) serving on AD, ADT, and IDT, including cadets at the USCG Academy.	C11, C12, C14, C22, P11, P12, P22, B11	IAR.	IAR as appropriate for USCG and PHS members. None for others.	From the PHS.	DD Form 7/7A	Yes for those on AD. Yes for those not on AD subject to limitations in paragraph 3-2.
Section II. Applicants							
3-4	Designated applicants for enrollment in SROTC programs.	A21, N21, F21, M21	Subsistence only.	None.	Locally from RPA.	DD139	No.
3-5	Applicants for cadetship at Services academies and ROTC Scholarship applicants.	A14, N14, F14, M14, A26	Subsistence only for applicants for USMA, USNA, and USAFA. For others, IAR.	None.	Locally from MPA for USMA, USNA, and USAFA. Report all others to USAMED-COM.	DD Form 7/7A	No.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-6	Applicants for enlistment or reenlistment in U.S. Armed Forces including applicants for enlistment in the RC.	A13, A26, N13, N26, F13, F26, M13, M26	Subsistence only.	None.	Locally from MPA, RPA, or NGPA.	SF1080	No.
3-7	Applicants for appointment in the RA and RC, including RC members applying for AD.	A26, N26, F26, M26	Subsistence only.	None.	Locally from the military agency.	SF1080	No.
3-8	Applicants who suffer injury or acute illness.	A26, N26, F26, M26	Subsistence only.	None.	Locally from the military agency for category of applicant.	SF1080	No.

Section III. Retired Members of the Uniformed Services

3-9	Retired officers.	A31, N31, F31, M31	Subsistence only for USA, USN, USMC, and USAF officers.	IAR or immunization rate for PHS members. None for others.	Collect subsistence from officers. For other than USA, USN, USMC, and USAF, report to USAMED-COM.	DD Form 7/7A.	Yes.
3-9	Retired enlisted members.	A31, N31, F31, M31	None for USA, USN, USMC, and USAF Rate A-1 or E-1 for all others.	IAR or immunization rate for PHS members. None for others.	Report PHS members to USAMED-COM.	DD Form 7/7A.	Yes.

Section IV. Family Members of Uniformed Service Personnel

3-11	Family members of AD and retired members and of persons who died while on AD or in a retired status.	A41, A43, N41, N43, F41, F43, M41, M43, A45, A47, N45, N47, F45, F47, M45, M47	FMR for family members of USA, USN, USMC and USAF members. IAR for others.	FMR or IAR for PHS family members. None for others.	Report PHS family members to USAMED-COM.	DD Form 7/7A.	Artificial limbs and eyes only. (See note 1.)
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Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-50	Noneligible newborn infants	K99	FRR or as prescribed by designee status.	None.	Locally from individual.	None.	No.

Section V. Federal Civilian Employees and Their Family Members

3-14	Federal civilian employees (limited to disability retirement physicals).	K53	Subsistence only. (See note 2.)	None.	Locally from the military agency.	None.	No.
3-15	Civilian employees authorized occupational health services.	K53	Subsistence only. (See notes 2 and 3.)	None.	Locally from individual.	None.	No.
3-15	Civilian employees provided treatment for alcoholism.	K53	IAR. FRR in CONUS. (See note 4.)	None.	Locally from individual.	None.	No.
3-16	Civilian employees and their family members outside the U.S. and at remote installations in CONUS.	K53, K54, K55, K56	IAR.	IAR.	Locally from individual.	None.	No.
3-17	Department of Interior employees stationed in American Samoa and their family members.	K53, K54	IAR.	IAR.	Locally from individual.	None.	No.

Section VI. Foreign Nationals

3-15	NAF civilian employees	K53	IAR. (See note 7.)	IAR. (See note 7.)	Collect locally from authorizing agency	None.	No.
3-18	Foreign military members of NATO nations in the U.S., including NATO IMET; foreign military members in the U.S. under DOD sponsorship; Partnership For Peace, and foreign military members in the U.S. in a status officially recognized by DA.	K71, K72	FRR.	None.	Subsistence only from member. Report all other charges to USAMED-COM.	DD Form 7A.	Yes.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-18	NATO family members of foreign personnel.	K73	FRR.	None.	Locally from individual or sponsor.	DD Form 7A unless collected locally.	No. (See note 4.)
3-18	Foreign civilians accompanying military personnel of NATO nations and their family members.	K76, K77	FRR.	FRR.	Locally from individual.	None.	No.
3-18	IMET trainees	K71	IMET.	IMET.			
3-18	Family members of IMET military trainees except NATO IMET.	K75	FRR.	FRR.	Locally from individual or sponsor.	None.	No. (See note 5.)
3-18	NATO IMET trainees, both military and civilian.	K71	IMET.	None.	Collect subsistence locally from officers and civilians. Report all others to USAMED-COM.	DD Form 7/7A.	Yes.
3-18	Family members of NATO IMET.	K75	FRR.	None.	Locally from individual or sponsor.	None.	No (See note 4.)
3-18	FMS trainees.	K71	FRR.	FRR.	Collect subsistence locally. Report all others to USAMED-COM.	DD Form 7/7A.	Yes.
3-18	Family members of FMS trainees.	K75	FRR.	FRR.	Locally from individual or sponsor.	None.	No. (See note 4.)
3-18	Foreign nationals who provide direct service to U.S. Armed Forces.	K74	FRR.	FRR.	Locally from individual when applicable.	None.	No.
3-18	Special nationals	K74	FLEX	FRR.	Locally from individual when applicable.	None.	Yes.
3-18	KATUSA	K74	None.	None.	None.	None.	Yes.
3-18	Foreign national in the U.S. on IMET orientation tours.	K71	IMET.	IMET.	Locally from authorizing agency.	DD Form 7/7A.	No.
3-20	Liaison personnel from NATO Army force OCONUS.	K72	SR.	None.	Collect subsistence locally from individual.	DD Form 7.	Yes.

Table B-1

Persons Authorized Care at Army MTFs--Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-20	Crews and passengers of NATO that land at U.S. or allied airfields OCONUS.	K72	FRR.	None.	Collect subsistence locally from individual. Report others to USAREUR.	DD Form 7.	No.
Section VII. Beneficiaries of Other Federal Agencies							
3-23	VA beneficiaries.	K61	IAR.	IAR.	Collect locally from authorizing agency	DD Form 7/7A.	Yes.
3-24	OWCP beneficiaries.	K62	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A supported by CA Form 16.	Yes.
3-25	PHS beneficiaries						
	a. Native Americans and Alaska natives in Alaska.	K67	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
	b. Inactive reserve PHS commissioned officers (limited to medical exams and immunizations).	P22	IAR when hospitalization is needed for examinations.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
	c. AD non-commissioned officers and crews of NOAA vessels (limited to emergency or specifically authorized care).	B11	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
3-26	Selective Service System beneficiaries (Registrants).	A26, N26, F26, M26	SR.	None.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
3-27	Beneficiaries of the Department of State Medical Program.						

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
	a. Officers and employees and family members outside the United States and after MEDEVAC to the U.S.	K51, K52	IAR.	IAR.	Locally from authorizing office for inpatient care. Outpatient care for employees of the Department of State will be billed monthly to the address in footnote. (See note 6.)	SF 1080, DD Form 7A, and letter of authorization for medical care.	No.
	b. Applicants for appointment to foreign service posts (limited to medical exams and immunizations).	K69	—	IAR.	Same as above.	Same as above.	No.
	c. Officers, employees, applicants and family members of officers and employees in the U.S.	K53, K54	—	IAR.	Same as above.	Same as above.	No.
	d. Officers, employees, applicants, and family members of officers and employees outside the United States when care is not covered under the Department of the State Medicaid Program.	K51, K52	FRR.	FRR.	Locally from individual.	None	No.
3-28	Peace Corps Personnel.						
	a. Outside the U.S.						
	(1) Volunteers, volunteer leaders, and their family members.	K69	IAR.	IAR.	Locally from authorizing office.	SF 1080 supported by DD Form 7/7A.	No.
	(2) Employees and their family members who are beneficiaries of the Peace Corps.	K69	IAR.	IAR.	Locally from individual.	None.	No.
	(3) Peace Corps applicants.	K69	IAR.	IAR.	Locally from individual.	None.	No.
	b. Inside the U.S.						
	(1) Peace Corps applicants.	K69	IAR.	IAR.	Locally from individual.	None.	No.

Table B-1
Persons Authorized Care at Army MTFs--Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
	(2) Volunteers, volunteer leaders, and their family members. (3) Peace Corps volunteers evacuated from stations in the South Pacific provided care at TAMC.	K69 K69	IAR. IAR.	IAR. IAR.	Locally from individual. Locally from individual.	None. None.	No. No.
3-29	Members of the U.S. Soldiers' and Airmen's Home.	K63	FSR when hospitalized as beneficiary of the Home.	None.	Report to USAMED-COM.	SF 1080.	No.
3-30	Department of Justice beneficiaries. a. FBI agents.	K53	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A.	No.
	b. Deportants whose claims are administered by the Department of Justice.	K53	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A.	No.
3-31	Treasury Department beneficiaries. a. Secret Service agents.	K53	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A	No.
	b. Agents of U.S. Customs Service and their prisoners.	K53	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A	No.
3-32	Federal Aviation Agency air traffic controllers.	K53	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
3-33	Job Corps and VISTA beneficiaries. a. Job Corps applicants for enrollment and VISTA applicants for employment.	K69	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
	b. Job Corps enrollees and VISTA personnel.	K69	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-34	Social Security Administration beneficiaries.	K64	IAR.	IAR.	Collect locally from financial intermediary as primary and the individual for any unpaid balance.	DD Form 7/7A, SF 1080, and UB-92.	No.
3-35	Micronesian citizens (when referred for specialized treatment).	K68	IAR.	IAR.	Locally from respective island governmental agencies.	SF 1080 with DD Form 7/7A.	No.
Section VIII. Miscellaneous Categories of Eligible Personnel							
3-36	American Samoan citizens (when referred for specialized treatment).	K68	IAR.	IAR.	Locally from the LBJ Tropical Medical Center, Pago-Pago, American Samoa 96799.	SF 1080 with DD Form 7/7A.	No.
3-37	Secret Service protectees and protectors.	K69	IAR.	IAR.	None. Report to local MEDDAC for inclusion on quarterly report.	DD Form 7/7A.	No.
3-38	Persons in military custody and nonmilitary Federal prisoners: a. POWs in time of war. b. Retained personnel and internees. c. Military prisoners whose punitive discharge has been executed but whose sentence has not expired. d. Military prisoners hospitalized beyond expiration of sentence. e. Nonmilitary Federal prisoners (emergency care only).	K78	None.	None.	Locally from MPA.	None.	Yes.
		K66	None.	None.	Locally from MTF operating funds.	None.	Yes.
		K66	SR only.	None.	Locally from MTF operating funds.	None.	Yes.
		K66	FRR.	FRR.	Locally from individual.	None.	No.
		K66	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A; SF 1080.	No.
3-39	Former female members of the Armed Forces.	A27, N27, F27, M27	SR only.	None.	Locally from individual.	None.	No.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
	Newborn infants of former female members of the Armed Forces.	K99	FRR.	None.	Locally from individual.	None.	No.
3-40	Persons whose military records are being considered for correction.	K99	SR only.	None.	Locally from individual.	None.	No.
3-41	Civilian Seamen a. Military Sealift Command (1) Occupational Health	K03	SR only.	None.	Collect locally from authorizing agency. Report to USAMED-COM.	DD Form 7/7A SF 10-30	No.
		K62	IAR.	IAR.		None.	No.
	b. Crews of Ships of United States registry. (1) Emergency only (2) OWCP	K69	FRR.	FRR.	Report to USAMED-COM.	DD Form 7/7A.	
		K62	IAR.	IAR.			
3-42	Red Cross personnel and their family members a. Outside the United States. Uniformed and nonuniformed full-time, paid professional field and headquarters staff; administrative and supervisory personnel; field directors; assistant field directors and staff assistants; and uniformed, full-time paid clerical and secretarial workers.	K69	Subsistence only.	None.	Locally from individual or sponsor.	None.	No.

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
	b. In the United States. Care may be provided in emergencies and for injuries sustained in the performances of duties at a Uniformed Services facility.		FRR.	FRR.	Locally from individual or sponsor.	None.	No.
3-43	Civilian student employees.	K69	SR only.	None.	Locally from individual.	None.	No.
3-44	Civilian contractor employees. a. Civilian employees of U.S. Government contractors outside the United States and their family members.	K65	FRR.	FRR.	Locally from contractor.	None.	No.
3-45	b. Civilian employees of DOD contractors—examinations only.	K65	SR only.	None.	Locally from individual.	None.	No.
3-44	c. U.S. contractor civilian employees stationed in American Samoa CARE AT TAMC ONLY.	K65	FRR.	FRR.	Locally from individual.	None.	No.
3-45	d. Civilian employees of DoD contractors of nuclear and chemical surety programs.	K65	FRR.	FRR.	Locally from individual.	None.	No.
3-46	Civilian participants in Army-sponsored activities.	K69	SR only.	None.	Locally from individual.	None.	No.
3-47	a. Claimant whose claims are administered by DOD.	K82, K83, K84	None.	None.	None.	None.	No.
	b. Claimants whose claims are administered by other Federal Departments.	K64	IAR.	IAR.	Collect locally from authorizing agency.	DD Form 7/7A, SF 1080.	No.
	c. Beneficiaries of private relief bills.	K69	None.	None.	None.	None.	—

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
3-48	Persons outside the U.S. who provide direct services to the U.S. Armed Forces. a. Civilian representatives of various groups. b. USO professional personnel and family members. c. Educational representatives of recognized educational institutions and their family members.	K69	SR only.	None.	None.	None.	No.
		K69	FRR.	FRR.	Subsistence from individual. Medical charges from area USO Director.	None.	No.
		K69	FRR.	FRR.	Locally from individual.	None.	No.
3-49	American nationals covered by agreements.	K99	FRR.	FRR.	Locally from individual.	None.	No.
3-50	Secretary of the Army designees.	K82,K81	As prescribed in Secretary of the Army or Secretary of Defense approval or by the overseas commander concerned.		Locally from individual when applicable.	None.	If approved.
3-51	Preadoptive children and court appointed wards.	K99	FMR.	None.	Locally from sponsor.	None.	Artificial limbs and eyes only.
3-53	Ineligible persons outside the United States.	K92	FRR.	FRR.	Locally from individual.	None.	No.
3-54	Individuals evacuated from one area to another.	K53	Same as in the original area on a temporary basis until appropriate disposition can be made.		As indicated for the specific category.	None.	No.
3-55	Civilians in emergencies.	K91	FRR.	FRR.	Locally from individual.	None.	No.
3-56	Volunteer subjects in approved DA research project.	K82	None.	None.	None.	None.	No.
3-57	U.S. nationals in foreign penal institutions.	K66					

Table B-1
Persons Authorized Care at Army MTFs—Continued

Paragraph	Class of Patient	Patient-Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Sub-sistence	Outpatient or Immunization			
3-58	Domestic servants outside the United States (physical examinations and immunizations).	K79	—	FRR.	Locally from individual.	None.	No.
3-59	U.S. contractor civilian employees stationed in American Samoa CARE AT TAMC ONLY.	K65	FRR.	FRR.	Locally from individual.	None.	No.
3-60	Civilians injured on Army installations.	K92	None.	None.	None.	None.	No.
3-61	Former military personnel with extended or MHSS benefits.	K99	As determined by DODI or Congressional Instructions.		Determined by the program.	None	No.
3-62	Returning prisoners of war and their family members.	K69	FMR for family members of USA, USN, USMC, and USAF members. IAR for others.	FMR for PHS family members. None for others.	Report PHS family members to USAMED-COM.	DD Form 7/7A.	Artificial limbs and eyes only. (See note 1.)
3-63	Personnel who participate in organ transplant procedures (organ donors for Uniformed Services patients in Army MTFs who are not otherwise eligible for care in USMTFs).	K81, K82	As stated in Secretary of the Army or Secretary of Defense approval in each specific case. (Also see para 3-50.)			None.	No.
3-64	Civilian faculty members of the USUHS.	K53	IAR.	IAR.	Locally from individual.	None.	No.
3-65	Civilians in national or foreign disaster.	K91	FRR.	FRR.	Locally from disaster relief agency.	None.	No.

Table B-1

Persons Authorized Care at Army MIFs—Continued

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
3-66	Unremarried Former Spouses	A48, N48, F48, M48	FMR for family members of USA, USN, USMC and USAF members. IAR for others.	FMR for PHS family members. None for others.	Report PHS family members to USAMED-COM.	DD Form 7/7A.	Artificial limbs and eyes only. (See note 1.)

Legend for Table B-1:

FLEX — Flexible

FMR — Family Member Rate

FRR — Full (Others) Reimbursement Rate

RSR — Full subsistence rate inclusive of surcharge

FTTD — Full-time training duty

IAR — Interagency Reimbursement Rate

IET — Initial entry training

KATUSA — Korean Augmentation to the Army

MEDVEDP — Medical evacuation

MPA — Military personnel, Army (appropriation)

NGPA — National Guard Personnel, Army (appropriation)

POW — Prisoner of war

RA — Regular Army

RPA — Reserve Personnel, Army (appropriation)

SR — Subsistence rate

USA — United State Army

USAF — United State Air Force

USAFA — United States Air Force Academy

USMA — United State Military Academy

USMC — United State Marine Corps

USMTF — Uniformed Services medical treatment facility

USN — United State Navy

USNA — United State Naval Academy

USPHS — Uniformed Services University of Health Sciences

¹ Items other than artificial limbs and artificial eyes may be sold to family members outside the United States and at designated stations within the United States (para 3-12b).

² Immunization is authorized only when required in connection with conducting medical examinations.

³ Reimbursement must be on a per capita cost basis for health services provided civilian employees (or prospective employees) of Federal departments and agencies other than the Army, except employees (or prospective employees) of the Navy, Marine Corps, and Air Force in the Washington, DC, area.

⁴ These items may be furnished on a reimbursable basis at stations within the United States that have been designated remote for purposes of furnishing such items to Uniformed Services family members.

⁵ These items may be furnished on a reimbursable basis outside the United States and at stations in the United States that have been designated remote for the purpose of furnishing such items to the US Uniformed Services family members.

⁶ For beneficiaries of the Department of State, outpatient bills will be forwarded directly by the MEDDAC to the Department of State, ATTN: Medical Services, Washington, DC 20520.

⁷ Emergency care subsistence charge only. Nonemergent follow-up occupational health or worker's compensation care for NAF employees will be billed to the employer at the IAR.