

MEMORANDUM

TO: TRICARE Prime Travel Benefit Program Representative

FROM: _____

Unit / Agency of Active Duty Service Member (ADSM) or Federal Government Employee

SUBJECT: Duty Status While Serving as a Non-Medical Attendant (NMA) under the TRICARE Prime Travel Benefit Program

Unit Name _____

Unit Address _____

Name of Unit Commander _____

Unit Commander Phone Number _____ Unit Commander Email Address _____

ADSM OR GOVERNMENT-EMPLOYED NMA

I, _____ respectfully request permission to be released from my normal duties to accompany my family member for authorized medical care.

Patient's Name: _____

Specialty Care Provider's Name / Facility: _____

Located at: _____

Departing on: _____ Returning on: _____

According to the JTR, Chapter 3, Part D, Section 033007, if this request is approved, my Unit / Agency is not required to place me in a personal leave or travel (TDY/TAD, or permissive TDY) status, and is not required to provide funding while I serve as a NMA. TRICARE will prepare and fund appropriate travel authorizations as well as process travel vouchers for reimbursement under the TRICARE Prime Travel Benefit program. No reimbursement will be provided under this benefit during any dates of travel that are not authorized by TRICARE.

NMA's Signature

Date

UNIT APPROVING OFFICIAL

I, _____, acknowledge and understand that the above-named ADSM or Federal Government employee:

- will be providing services as a NMA to a qualifying family member during the course of medically necessary specialty care;
- that the member qualifies for placement in a TDY status by TRICARE; and
- that all authorized travel expense reimbursement will be provided through TRICARE under the TRICARE Prime Travel Benefit program.

TRICARE cannot medically direct the ADSM or Government-employed NMA to accompany the patient. Approval rests solely with the NMA's Unit / Agency to authorize release from normal duty assignments. This memorandum is issued to serve as the Unit's / Agency's release on behalf of the NMA, for the specific purpose and duration described above. *(Please check only one item below.)*

- I authorize TRICARE to place the above-named ADSM or Government employee in a TDY status and to process appropriate travel vouchers for qualifying reimbursement.
- The requesting individual has been placed in a personal leave status by this Unit / Agency. Only qualifying, actual expenses will be reimbursed by TRICARE Prime Travel Benefit program.
- The requesting individual is not authorized release from required duty assignments for the period and purpose addressed in this Memorandum.

Approving Official's Signature (Must be E-7 or above, or equivalent)

Date

E-Mail Address

Commercial Phone Number