

Attendant Travel for Specialty Care Over 100 Miles Overview

Introduction

This overview will provide helpful information on the process of being reimbursed for specialty care that is over 100 miles from the permanent duty station. This information is for attendant (non-military) and Active Duty member travel with a dependent.

TRICARE Prime Information

TRICARE's website [Travel Reimbursement for Specialty Care](#) provides up-to-date information on eligibility and the application process.

Listed below are some brief guidelines for the process.

- You must be a parent, spouse, other adult family member (age 21 years or older), or a legal guardian to accompany the dependent patient.
 - If the patient is age 18 or older, the referring or treating provider must verify in writing that they need a non-medical attendant.
 - No two travelers can get reimbursed for the same expense. This applies to shared expenses like lodging or car rental.
 - You must save all of your own itemized travel receipts.
-

Coast Guard Information

You **MUST** contact the Coast Guard [via email](#) (D11-HSWLSC-PTBREQUEST@USCG.MIL) or call 1-510-637-1214 before you travel. This will provide you with a representative or point of contact.

The Coast Guard requires you to:

- Submit your Prime Travel Benefit request 5 business days before you travel.
- Have travel orders in hand before you travel.
- File your travel claims within 3 business days after your travel ends.

New Information as of 5/22/2017

Active Duty member claim – Enter TDY claim into TPAX and send to HSWL. Once approved submit a paper claim with “**Supplemental**” written on the top of the form.

Non-Active Duty claim – Submit claim as seen below and write “**Dependent Medical Travel**” on the top of the form.

Continued on next page

Attendant Travel for Specialty Care Over 100 Miles

Overview, Continued

Important Information

Book the least expensive travel possible by using:

- Economy class for air or train travel, unless approved.
- Compact class for car rental, unless approved.
- Local government per diem rate for lodging.

Your invoices and receipts must:

- Be in the name of the person submitting the travel claim (patient or non-medical attendant).
- Show valid inclusive dates, billing itemization (e.g. room and tax rate per day), and payment in full (zero balance).
- Show form of payment (cash, check, credit/debit card, etc.).



Your claims must have all the necessary documentation, including:

- Itemized receipts.
 - Proof of appointment attendance.
 - Non-medical attendant letter, when necessary.
 - Active duty or civilian organizational memos, when necessary.
 - Signed and completed claim form (DD 1351-2/3).
-

Health, Safety & Work Life Service Center (HSWL) Information

This guide will be provided by the designated HSWL representative to assist in completing all required steps for the trip to ensure proper reimbursement.

HEALTH, SAFETY & WORK-LIFE SERVICE CENTER
HSWL - SC
300 EAST MAIN STREET, SUITE 1000
NORFOLK, VIRGINIA 23510-9110



PRIME TRAVEL BENEFIT GUIDE

This packet has been designed to provide you with information related to the TRICARE Prime Travel Benefit Program (PTBP). **This guide is for assistance only and does not supersede any travel entitlement policies of the Joint Travel Regulations.** <http://www.defensetravel.dod.mil/site/travelreg.cfm>. PTBP provides actual expense travel reimbursement when a beneficiary is referred by their Primary Care Manager (PCM) to a specialty care provider that is over 100 miles (one way) from the PCM's Office (not the beneficiary's residence). The information we have included will explain the program's eligibility, covered expenses, and claims filing instructions necessary for you to be reimbursed.

Our goal is to ensure you receive the proper reimbursement you are due under the PTBP and to do so in an expedient manner.

For your convenience, all necessary forms will be provided via email. Sample forms will also be provided to illustrate how to complete the forms. **Please read the following instructions carefully.**

A. ELIGIBLE BENEFICIARIES: The PTBP is available to non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members who are referred for medically necessary, non-emergent specialty care greater than 100 miles from their PCM's location. The "greater than 100 mile rule" is stated in statute and isn't negotiable when determining applicability of the Prime Travel benefit.

- If the traveler is enrolled in Prime at a military treatment facility, they should contact that facility for all issues related to the PTBP, to include claims reimbursement. If the traveler is enrolled to a network provider, the TRICARE Regional Office will be their assigned office for PTBP questions and claims reimbursement.
- When a patient specifically requests a referral to a provider greater than 100 miles from their PCM's office and a network or non-network provider is available closer, travel reimbursement will not be authorized. Documentation for medical necessity must be provided by the referring PCM in order for travel reimbursement.

Revised March 2016

Continued on next page

Attendant Travel for Specialty Care Over 100 Miles Overview, Continued

Required Documentation

One of the important documents that must be provided is the DD Form 1351-2 Travel Voucher. Here is an example of the top half of the form with all highlighted pertinent information required.

Input on top of this form → "Dependent Medical Travel"

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
☒ Electronic Fund Transfer (EFT)
☐ Payment by Check

SPLIT DISBURSEMENT: If you have charges for transportation, lodging, meals, and other expenses, designate a payment method for each. **NOTE:** A split disbursement is only necessary when a GTC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$

2. NAME (Last, First, Middle Initial) **3. GRADE** **4. SSN**
 DOB, JOHN, N CIV 123-45-6789

5. ADDRESS **a. NUMBER AND STREET** **b. CITY** **c. STATE** **d. ZIP CODE**
 1301 CLAY STREET OAKLAND CA 94501

6. E-MAIL ADDRESS YOUREMAILADDRESS@INTERNET.COM

7. DAYTIME TELEPHONE NUMBER & AREA CODE **8. TRAVEL ORDER AUTHORIZATION NUMBER** **9. F**
 123-456-7890 11-XX-XXXXXXX-000 0.00

10. TYPE OF PAYMENT (X as applicable)
☒ TDY ☐ PCS ☒ Dependent (a) ☐ Other DLA

11. ORGANIZATION AND STATION USCG

12. DEPENDENT(S) (X and complete as applicable)
☒ ACCOMPANIED ☐ UNACCOMPANIED
 a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARITAL STATUS
 JANE N. DOE DAUGHTER 1/1/2016

13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) N/A

14. HAVE HOUSEHOLD GOODS BEING SHIPPED (X one)
☐ YES ☐ NO (Complete in Remarks)

15. ITINERARY
 a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and County, etc.)
 01/01 DEP CITY, STATE, ZIP CODE PV TD 100.00
 01/01 ARR CITY, STATE, ZIP CODE PV TD
 01/03 ARR CITY, STATE, ZIP CODE MC

16. FOR D.O. USE ONLY

17. DURATION OF TRAVEL
☒ 12 HOURS OR LESS
☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS
☒ MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

e. DATE	f. NATURE OF EXPENSE	g. AMOUNT	h. ALLOWED
1/1-1/3	Total Actual Meal Expense	200.00	
1/1-1/2	Total Lodging Tax	20.00	
1/1-1/3	Parking	90.00	
1/1-1/3	Rental Vehicle (If Applicable)	200.00	
1/3	Rental Fuel (Only for Rental)	30.00	

19. GOVERNMENT-TO-DEDUCTIBLE MEALS
 a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS

20. CLAIMANT SIGNATURE **21. REVIEWER'S PRINTED NAME** **22. APPROVING OFFICIAL'S PRINTED NAME**

23. ACCOUNTING CLASSIFICATION 2/P/XXXX/XXX/XX/0/XX/XXXX/XXXX

24. COMPUTED BY **25. AUDITED BY** **26. TRAVEL ORDER AUTHORIZATION POSTED BY** **27. RECEIVED (Payee Signature and Date or Check No.)** **28. MACV/P/AND**

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exemption to SF 1012 approved by (C)A/HRMS 12.01, Adobe Designer 8.0

Annotations:
 - **Refer to ITO/TDY Orders** (points to 8, 9, 15, 23)
 - **If dependent travels with children mark "accompanied" and list their names and DOB or mark "unaccompanied"** (points to 12)
 - **For symbols, refer to the instructions to this form** (points to 15)
 - **ONLY input lodging rate per night, NOT the total amount. DO NOT include taxes (include total tax amount in block 18)** (points to 15)
 - **Attach Statement of Actual Expense DD Form 1351-3 with ITEMIZED receipts. Affix receipts on 8.5 x 11 paper. **Note: Receipts not itemized WILL NOT be reimbursed.** (points to 18)

Here is the bottom half of the form.

16. REIMBURSABLE EXPENSES

17. DURATION OF TRAVEL
☒ 12 HOURS OR LESS
☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS
☒ MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

e. DATE	f. NATURE OF EXPENSE	g. AMOUNT	h. ALLOWED
1/1-1/3	Total Actual Meal Expense	200.00	
1/1-1/2	Total Lodging Tax	20.00	
1/1-1/3	Parking	90.00	
1/1-1/3	Rental Vehicle (If Applicable)	200.00	
1/3	Rental Fuel (Only for Rental)	30.00	

19. GOVERNMENT-TO-DEDUCTIBLE MEALS
 a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS

20. CLAIMANT SIGNATURE **21. REVIEWER'S PRINTED NAME** **22. APPROVING OFFICIAL'S PRINTED NAME**

23. ACCOUNTING CLASSIFICATION 2/P/XXXX/XXX/XX/0/XX/XXXX/XXXX

24. COMPUTED BY **25. AUDITED BY** **26. TRAVEL ORDER AUTHORIZATION POSTED BY** **27. RECEIVED (Payee Signature and Date or Check No.)** **28. MACV/P/AND**

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exemption to SF 1012 approved by (C)A/HRMS 12.01, Adobe Designer 8.0

Annotations:
 - **Check off duration of travel** (points to 17)
 - **MUST HAVE itemized receipts for reimbursement** (points to 18)
 - **Must be signed in original blue ink** (points to 20)
 - **Refer to ITO/TDY Orders** (points to 23)

Here is the link to the form:
[DD Form 1351-2 Travel Voucher](#)

Continued on next page

Overview, Continued

Required

Documentation.

continued

Another mandatory form is the DD Form 1351-3 Statement of Actual Expenses. Here is an example of the top half of the form with all highlighted pertinent information required.

[illegible]

Here is an example of the bottom of the form with all highlighted pertinent information required.

NOTES									
(1) Attach lodging receipt(s) as supporting document(s). (2) Cost of each meal and tip (less the cost of alcoholic beverages). (3) Cost of local transportation and tips for travel between places of lodging or duty points and places where meals are taken not otherwise reimbursable (JTR, par. C2402, and JFTR, par. U3510).					(4) (a) Fees and tips to hotel employees; (b) Fees and tips to porters and baggage carriers (<i>Members of Uniformed Services indicate only those fees and tips paid to porters and baggage carriers at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.</i>); (c) Communications charges for lodging reservations; (d) Expenses (other than those shown on lodging receipt) related to lodging; (e) Expenses for personal laundry and cleaning of clothing. (See JFTR and JTR Appendix A, under definition of per diem, for listing of other incidental expenses.)				
I, JOHN N. DOE , certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.									
SIGNATURE <div style="border: 1px solid red; padding: 5px; display: inline-block;">Must be signed in original blue ink</div>					DATE 01/03/2016				
DD FORM 1351-3, SEP 1997					PREVIOUS EDITION IS OBSOLETE.				
Adabas Professional X									

All highlighted fields are required to be completed. Prior to submitting claim, please retain copies of your Travel Voucher and all supporting pertinent documents.

Here is the link to the form:

DD Form 1351-3 Statement of Actual Expenses

Continued on next page

Attendant Travel for Specialty Care Over 100 Miles

Overview, Continued

Required Documentation, continued

Some regions require a confirmation of the visit from the facilitating physician. Below is the form.

TRICARE PRIME TRAVEL CONFIRMATION OF SPECIALTY CARE	
Patient Information -- To be completed by Patient <i>Return Completed Confirmation of Appointment with Claim and Receipts</i>	
Patient Name: _____	
Home Street Address: _____	
City / State / Zip Code: _____	
Phone and / or e-Mail: _____	
Appointment(s) Information For This Trip Only -- To be completed by Specialty Care Provider (SCP)	
Consultation / Treatment Date(s): _____	
1 st Appointment Date: _____ Last Appointment Date: _____	
Hospitalization Date(s), If applicable: _____	
* For a post-operative patient, if required to remain in the immediate locale for necessary recovery and follow-on evaluation: Beginning date of proximity requirement: _____ Release date from proximity requirement: _____	
Specialty Care Provider (SCP) Information	
SCP Name: _____	
Office Address: _____	
City / State / Zip Code: _____	
Phone and/or e-mail: _____	
This is to confirm that the subject patient received authorized specialty care as stated in the Appointment Information section above.	
_____ SCP Signature	_____ Date
PRIVACY ACT STATEMENT AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoD FMR 7000.14-R, Vol. 9, and E.O. 9397. PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by a Patient / Prime Travel beneficiary. DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.	
PENALTY STATEMENT There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).	

Revised 12/1/11

Here is the link to the TRICARE website (must scroll down the page to locate this form):

[Confirmation of Specialty Care](#)

Continued on next page

Attendant Travel for Specialty Care Over 100 Miles Overview, Continued

Required Documentation, continued

Receipts MUST be affixed on an 8.5 x 11" paper using tape with the name of the traveler written in the top right hand corner.

Here is an Example of how to affix food Receipts to match against the Statement of Actual Expenses Form.

John Doe Coastie, Jr.

The WheelHouse
1000 Spruce St
St. Louis, Mo 63102
(314) 863 3653

Server: Maria
06/06/2010
06/06/2010
03/1330012

SALE

VISA 17482920
Card #XXXXXXXXXXXX6007
Magnetic card present: CUIRELL SAMARA
Card Entry Method: S

Approval: 034345

Amount: \$ 10.76
+ Tip: 3.00
= Total: 16.76

I agree to pay the above total amount according to the card issuer agreement.

X

<<GUEST COPY>>

IHOP Store #53228
3551 Outposts Mem. Parkway
St. Louis, MO 63102
Phone: (314) 220 0525
Fax: (314) 220 0748

Server: Maria
Card Type: VISA
Card #: XXXXXXXXXXXXXXX6007
Card Entry: SWIPED
Card Type: PUCHASE
Card Key: 010004697528-10
Auth Code: 104888
Check: 4325
Total: 21.72
Server: 151 RIM L

Subtotal: \$8.56
Tax: 3.00
Total: 11.56

FOR COPY
I agree to pay the above total according to my credit card agreement.

Pay & Personnel Information

The mailing address to send the claim will be provided by your HSWL Service Center representative.

Note: Paper travel claims are then forwarded on to the Pay & Personnel Center in Topeka, KS and reviewed and audited a second time. This process may take six (6) weeks for payment. Please retain the completed travel claim and all pertinent documents for six (6) years and three (3) months in the event of an audit.

First-time funds transfer payees **MUST** enroll with the USCG Finance Center for electronic funds transfer. This form can be found at https://www.fincen.uscg.mil/secure/enrollment_form.cfm

If you want to check on the status of your claim, you can contact your representative or call PPC Customer Care at 866-PPC-USCG (772-8724).
