

APPENDIX H

Patient Administration

This appendix contains DSCA Policy Memo 02-42, those sections of the Military Departments publications on Patient Administration which provides information for hospital administrators for the eligibility, priorities, procedures, reporting requirements and charges applicable to the health care of internationals in their MTFs.

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TO AIG 8797

INFO RUCTPOV/NETSAFA PENSACOLA FL
RHMFIUU/NETSAFA PENSACOLA FL
RUERAIX/DIRSATFA FT MONROE VA//ATFA-R//
RHMFIUU/DIRSATFA FT MONROE VA//ATFA-R//
RUENAAA/NAVY IPO WASHINGTON DC//02T//
RHMFIUU/NAVY IPO WASHINGTON DC//02T//
RUEADWD/HQDA WASHINGTON DC//SAAL//
RUEAHQA/OSAF WASHINGTON DC//IAPX/IARP//
RHWRAAA/AFSAT RANDOLPH AFB TX//CC/TO//
RUWDXGO/NAVPGSCOL MONTEREY CA//CCMR//
RHMFIUU/NAVPGSCOL MONTEREY CA//CCMR//
RUEHC/SECSTATE WASHINGTON DC//PM-RSAT//
RUEKJCS/SECDEF WASH DC//USDP-CH//

BT
UNCLAS
SUBJECT: MEDICAL POLICY FOR INTERNATIONAL TRAINING PROGRAM UPDATE MESSAGE – IMET AND
FMS TRAINING (DSCA POLICY MEMO 02-42)

1. THE PURPOSE OF THIS MESSAGE IS TO PROVIDE COMPREHENSIVE MEDICAL POLICY INFORMATION, INCLUDING CURRENT POLICY, RECENT CHANGES AND FUTURE INITIATIVES.
2. A LIST OF ACRONYMS USED IN THIS MESSAGE FOLLOWS:

AFIT – AIR FORCE INSTITUTE OF TECHNOLOGY
CONUS – CONTINENTAL UNITED STATES
DOD – DEPARTMENT OF DEFENSE
FMS – FOREIGN MILITARY SALES (FMS)
FY – FISCAL YEAR
IMET – INTERNATIONAL MILITARY EDUCATION AND TRAINING (PROGRAM)
IMS – INTERNATIONAL MILITARY STUDENT (MEANING STUDENT ATTENDING TRAINING UNDER THE IMET OR FMS TRAINING PROGRAM.
ITO – INVITATIONAL TRAVEL ORDERS
MILDEPS – MILITARY DEPARTMENT INTERNATIONAL PROGRAM OFFICES
MTF – MEDICAL TREATMENT FACILITY
NATO – NORTH ATLANTIC TREATY ORGANIZATION
NPS – NAVY POSTGRADUATE SCHOOL
OSD/HA – OFFICE OF SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
PFP – PARTNERSHIP FOR PEACE
SAO – SECURITY ASSISTANCE ORGANIZATION OR SECURITY ASSISTANCE OFFICER
STATE/PM – DEPARTMENT OF STATE/POLITICAL-MILITARY BUREAU
SOFA - STATUS OF FORCES AGREEMENT
TPMR – TRAINING PROGRAM MANAGEMENT REVIEW
USG – UNITED STATES GOVERNMENT

USMC – UNITED STATES MARINE CORPS
WHINSEC – WESTERN HEMISPHERE INSTITUTE OF SECURITY COOPERATION

3. CURRENT POLICY.

A. PREDEPARTURE MEDICAL EXAMINATIONS FOR IMS AND AUTHORIZED ACCOMPANYING FAMILY MEMBERS (PRIOR TO ISSURANCE OF ITO)(PARAGRAPH 10-46A, JSAT AND CHAPTER 2 SECURITY ASSISTANCE HEALTH AFFAIRS HANDBOOK).

(1) FOR IMS

--COMPLETE PHYSICAL EXAMINATION TO INCLUDE CHEST X-RAY AND SEROLOGICAL TEST FOR HIV.

--MEDICAL CERTIFICATION (SIGNED BY COMPETENT MEDICAL AUTHORITY (PHYSICIAN)) THAT THE NAMED INDIVIDUAL IS:

----FREE OF COMMUNICABLE DISEASES

----COMPLIED WITH REQUIRED IMMUNIZATIONS (CHAPTER 2 SECURITY ASSISTANCE HEALTH AFFAIRS HANDBOOK)

--COMPLETE DENTAL EXAMINATION INCLUDING DENTAL CERTIFICATION (SIGNED BY COMPETENT DENTAL AUTHORITY (DENTIST)) THAT NO CARE IS REQUIRED FOR:

---- CARIES

---- INFECTION

---- ORAL DISEASE

(2) FOR EACH AUTHORIZED FAMILY MEMBER

--COMPLETE PHYSICAL EXAMINATION TO INCLUDE CHEST X-RAY AND SEROLOGICAL TEST FOR HIV.

--MEDICAL CERTIFICATION (SIGNED BY COMPETENT MEDICAL AUTHORITY (PHYSICIAN)) THAT THE NAMED INDIVIDUAL IS:

----FREE OF COMMUNICABLE DISEASES

----COMPLIED WITH REQUIRED IMMUNIZATIONS (CHAPTER 2 SECURITY ASSISTANCE HEALTH AFFAIRS HANDBOOK).

NOTE: IF THE AUTHORIZED FAMILY MEMBER IS UNDER AGE 15, THE FOLLOWING TESTS ARE NOT REQUIRED

---- SEROLOGICAL TEST FOR HIV

---- CHEST X-RAY

B. MEDICAL FINANCIAL RESPONSIBILITY REQUIREMENT ON THE ITO FOR IMS AND AUTHORIZED FAMILY MEMBERS.

(1) FOR IMS

-- SAO WILL CHECK THE APPROPRIATE BLOCK ON THE ITO TO INDICATE HOW MEDICAL CHARGES WILL BE PAID. FOR FMS STUDENTS, INDICATE WHETHER FMS CASE, IMS OR FOREIGN COUNTRY WILL PAY.

(2) FOR AUTHORIZED ACCOMPANYING FAMILY MEMBERS

--SAO WILL CHECK THE APPROPRIATE BLOCK ON THE ITO TO INDICATE HOW MEDICAL CHARGES WILL BE PAID. INDICATE WHETHER IMS OR FOREIGN COUNTRY WILL PAY. "IF" FAMILY MEMBER MEDICAL CHARGES ARE NOT COVERED BY A FMS CASE OR BY THEIR HOME GOVERNMENT, SAO MUST INCLUDE STATEMENT TO THE EFFECT IN THE REMARKS SECTION OF THE SPONSOR'S ITO. IT IS ABSOLUTELY IMPERATIVE THAT FINANCIAL RESPONSIBILITY FOR MEDICAL CHARGES INCURRED FOR AUTHORIZED FAMILY MEMBERS IS CLEARLY AND CORRECTLY SHOWN ON THE SPONSOR'S ITO.

4. NEW POLICY

A. PROOF OF COVERAGE FOR COST OF HEALTH CARE FOR IMS AND AUTHORIZED FAMILY MEMBERS.

HEALTH CARE IN THE UNITED STATES IS COSTLY. THE USE OF CIVILIAN HEALTH CARE PROVIDERS/TREATMENT FACILITIES MORE OFTEN THAN NOT REQUIRE THE PATIENT TO SHOW HOW THE BILLS TO BE INCURRED WILL BE PAID. YEARS OF EXPERIENCE IN THE INTERNATIONAL TRAINING BUSINESS MAKES A CONVINCING ARGUMENT TO ENSURE THAT BOTH THE IMS AND AUTHORIZED ACCOMPANYING FAMILY MEMBERS ARE COVERED FOR HEALTH CARE EXPENSES INCURRED DURING THE TIME THEY ARE IN THE UNITED STATES. HEALTH CARE EXPENSES OF THE CATOSTROPHIC VARIETY CAN BE DEVASTATING. THUS THE RATIONALE THAT NECESSITATES THIS NEW POLICY REQUIREMENT PROMULGATED BY DSCA.

(1) FOR IMS: EACH FMS IMS REPORTING TO CONUS TRAINING IS REQUIRED TO HAVE HEALTH CARE COVERAGE FOR HEALTH CARE CHARGES INCURRED CLEARLY AND CORRECTLY SHOWN ON THE ITO. ONE OF THE FOLLOWING STATEMENTS WILL APPEAR IN THE REMARKS SECTION.

----“ THE IMS WILL BE REIMBURSED BY HIS HOME COUNTRY FOR HEALTH CARE CHARGES ENCURRED. IMS IS REQUIRED TO FIRST PAY THE CHARGES AND OBTAIN REIMBURSEMENT FROM HIS COUNTRY.”

----“MEDICAL BILLS SHOULD BE SENT TO THE FOLLOWING ADDRESS FOR PAYMENT.”

----“IMS HAS ACQUIRED QUALIFYING MEDICAL INSURANCE COVERING THE ENTIRE PERIOD HE/SHE WILL BE PRESENT IN THE U.S. DURING THE SCHEDULED TRAINING.”

NOTE: THERE ARE SOME SPONSOR COUNTRIES THAT COME UNDER DIFFERENT MEDICAL COVERAGE. FOLLOWING IS A SHORT SUMMARIZATION OF COVERAGE BY INTERNATIONAL AGREEMENTS. IF A SAO IS NOT SURE HOW THE PAYMENT OF MEDICAL BILLS SHOULD BE ANNOTATED ON ITOS THEY PREPARE, THEY MUST CONTACT SONJA RUMSEY BY EMAIL FOR CLARIFICATION PRIOR TO PREPARING THE ITO.

FOR AN IMS FROM A COUNTRY WITH A NATO/PFP SOFA:

--HEALTH CARE AT A DOD MEDICAL TREATMENT FACILITY IS AS FOLLOWS.

---FREE OUTPATIENT CARE (MEDICAL AND DENTAL)

---INPATIENT CARE ON A REIMBURSABLE BASIS

--- HEALTH CARE AT A CIVILIAN MTF IS A FOLLOWS

---FREE OUTPATIENT CARE (MEDICAL AND DENTAL)(REFERRING FACILITY PAYS)

---OUTPATIENT CARE ON A REIMBURSABLE BASIS WHEN NO DOD MTF IS AVAILABLE

---INPATIENT CARE ON A REIMBURSABLE BASIS

---POLICY REQUIREMENTS: WHEN IMS HAS FINANCIAL RESPONSIBILITY FOR PAYMENT OF HEALTH CARE COST IN MOST CASES PROOF OF INSURANCE FOR INPATIENT CARE ONLY WILL BE REQUIRED.

FOR IMS FROM COUNTRIES WITH A RECIPROCAL HEALTH CARE AGREEMENT. THE SPECIFICS WILL VARY FROM AGREEMENT TO AGREEMENT; HOWEVER THESE AGREEMENTS DO “NOT” COVER CIVILIAN IMS, PARAMILITARY AND IN SOME INSTANCES IMET/FMS IMS.

---POLICY REQUIREMENT: FMS IMS MUST SHOW PROOF OF INSURANCE FOR CIVILIAN HEALTH CARE.

(2) FOR AUTHORIZED ACCOMPANY FAMILY MEMBERS: EFFECTIVE WITH FY 2003, EACH AUTHORIZED FAMILY MEMBER OF AN IMS ATTENDING CONUS TRAINING IS REQUIRED TO HAVE COVERAGE FOR HEALTH CARE CHARGES INCURRED CLEARLY AND CORRECTLY STATED ON THE ITO. THIS REQUIREMENT APPLIES TO IMS SPONSORS WHO BRING FAMILY MEMBERS WITH THEM FOR PART OR ALL OF CONUS TRAINING. WHEN AN IMS IS RESPONSIBLE FOR HEALTH CARE COST FOR AUTHORIZED FAMILY MEMBERS PROOF OF MEDICAL INSURANCE MUST BE DEMONSTRATED TO

THE IN COUNTRY ITO ISSUING AUTHORITY PRIOR TO FAMILY MEMBERS BEING "AUTHORIZED" AND ADDED TO THE SPONSOR'S ITO.

(A) FAMILY MEMBERS ARE ENCOURAGED TO ACCOMPANY THE IMS ATTENDING THE FOLLOWING COURSES.

- NATIONAL DEFENSE UNIVERSITY
- ARMY WAR COLLEGE
- COMMAND AND STAFF COLLEGE (ARMY)
- ARMY SARGEANTS MAJORS ACADEMY
- COMMAND AND STAFF COLLEGE (WHINSEC)(ARMY)
- COMMAND COLLEGE (NAVY)
- STAFF COLLEGE (NAVY)
- COMMAND AND STAFF COLLEGE (USMC)
- AMPHIBIOUS WARFARE SCHOOL (USMC)
- JOINT SERVICES STAFF COLLEGE (FORMERLY ENTITLED ARMED FORCES STAFF COLLEGE)
- AIR WAR COLLEGE (AIR FORCE)
- COMMAND AND STAFF COLLEGE (AIR FORCE)
- SQUADRON OFFICER SCHOOL (AIR FORCE)
- NAVAL POSTGRADUATE SCHOOL (NPS - NAVY)
- GRADUATE PROGRAMS AT AIR FORCE INSTITUTE OF TECHNOLOGY (AFIT)

(B) FAMILY MEMBERS ARE DISCOURAGED FROM ACCOMPANYING THE IMS AT OTHER COURSES. HOWEVER, IF FAMILY MEMBERS DO ACCOMPANY THE IMS AND THE IMS IS FINANCIALLY RESPONSIBLE FOR THE HEALTH CARE OF THE ACCOMPANYING FAMILY MEMBERS, THE IMS MUST HAVE PROOF OF HEALTH INSURANCE.

(C) WHEN ACOMPANYING FAMILY MEMBERS ARE AUTHORIZED, THE IMS'S ITO WILL INCLUDE OF THE FOLLOWING MANDATORY STATEMENTS (AS APPLICABLE) IN THE REMARKS SECTION.

-- "THE IMS HAS BEEN FULLY BRIEFED ON THE REQUIREMENT TO SHOW PROOF OF MEDICAL INSURANCE FOR AUTHORIZED FAMILY MEMBERS UPON ARRIVAL AT THE FIRST CONUS TRAINING LOCATION."

-- "AT THE TIME THE IMS'S ITO WAS ANNOTATED TO AUTHORIZE ACCOMPANYING FAMILY MEMBERS, SAID IMS PROVIDED PROOF OF QUALIFYING MEDICAL INSURANCE TO THE SAO TRAINING OFFICE."

-- "THE IMS HAS BEEN MADE FULLY AWARE THAT A "LACK" OF MEDICAL INSURANCE COVERAGE FOR ACCOMPANYING FAMILY MEMBERS, REVEALED AT ANY TIME DURING CONUS TRAINING COULD RESULT IN THE IMS'S REMOVAL FROM SCHEDULED CONUS TRAINING AND RETURN TO COUNTRY."

OTHER POSSIBLE STATEMENTS (AS APPLICABLE):

-- "THE STUDENT WILL BE REIMBURSED BY HIS HOME COUNTRY FOR MEDICAL CHARGES INCURRED BY HIS FAMILY MEMBERS. STUDENT IS REQUIRED TO FIRST PAY FOR MEDICAL CHARGES INCURRED BY FAMILY MEMBERS."

-- "MEDICAL BILLS FOR FAMILY MEMBERS SHOULD BE SENT TO THE FOLLOWING ADDRESS FOR PAYMENT."

NOTE: THERE ARE SOME SPONSOR COUNTRIES THAT COME UNDER DIFFERENT MEDICAL COVERAGE. FOLLOWING IS A SHORT SUMMARIZATION FOR PURPOSES OF THIS MESSAGE. BOTTOM LINE: IF A SAO IS NOT SURE HOW THE PAYMENT OF MEDICAL BILLS SHOULD BE ANNOTATED ON ITOs THEY PREPARE, THEY MUST CONTACT SONJA RUMSEY BY EMAIL FOR CLARIFICATION PRIOR TO PREPARING THE ITO.

FOR IMS FROM A COUNTRY WITH A NATO OR PFP SOFA:

--MEDICAL CARE AT A DOD MEDICAL FACILITY FOR FAMILY MEMBERS IS AS FOLLOWS:

---FOR AUTHORIZED FAMILY MEMBERS

----FREE OUTPATIENT CARE (MEDICAL AND DENTAL EMERGENCIES)

----INPATIENT CARE ON A REIMBURSABLE BASIS

--HEALTH CARE AT A CIVILIAN MTF IS AS FOLLOWS

---FOR AUTHORIZED FAMILY MEMBERS

----OUTPATIENT CARE – TRICARE STANDARD (OLD CHAMPUS PROGRAM) PATIENT PAYS PATIENT PORTION

----INPATIENT CARE ON A REIMBURSABLE BASIS

--POLICY REQUIREMENTS: WHEN IMS HAS FINANCIAL RESPONSIBILITY FOR PAYMENT OF HEALTH CARE COST FOR ACCOMPANYING FAMILY MEMBERS IN MOST CASES PROOF OF INSURANCE FOR INPATIENT CARE ONLY WILL BE REQUIRED

FOR IMS FROM A COUNTRY WITH A RECIPROCAL HEALTH CARE AGREEMENT (RHCA).

-- THERE ARE CERTAIN COUNTRIES WITH A RECIPROCAL HEALTH CARE AGREEMENT BETWEEN THE US AND THAT COUNTRY. THE SPECIFICS VARY FROM AGREEMENT TO AGREEMENT; HOWEVER, RECIPROCAL AGREEMENTS DO “NOT” PROVIDE FOR MEDICAL CARE FOR CIVILIAN IMS; FOR PARAMILITARY IMS; AND SOME DO NOT COVER FAMILY MEMBERS OF AN IMS.

--POLICY REQUIREMENT

----WHEN FAMILY MEMBERS ARE COVERED BY THE RHCA: SHOW PROOF OF MEDICAL INSURANCE FOR CIVILIAN HEALTH CARE.

----WHEN FAMILY MEMBERS ARE NOT COVERED BY THE RHCA; SHOW PROFF OF MEDICAL INSURANCE FOR ALL HEALTH CARE.

NOTE: MEDICAL INSURANCE CAN BE PURCHASED ON LINE. INFORMATION ON MEMDICAL INSURANCE CAN BE FOUND AT [HTTP://DISAM.OSD.MIL/INTL_TRAINING/INTL_TNG_MGT](http://disam.osd.mil/intl_training/intl_tng_mgt) FUNCTIONAL – HEALTH AFFAIRS.

B. COPIES OF IMMUNIZATION RECORD AND PHYSICAL EXAMINATION, TO INCLUDE COPY OF MEDICAL CERTIFICATION, HIV TEST AND RADIOLOGY REPORT OF CHEST X-RAY MUST ACCOMPANY IMS AND AUTHORIZED ACCOMPANYING FAMILY MEMBERS.

C. REQUIREMENT, EFFECTIVE IMMEDIATELY, TO INCLUDE FOLLOWING STATEMENT IN THE ITO REMARKS SECTION:

“MEDICAL EXAMINATION, TO INCLUDE HIV TEST, WAS COMPLETED ON MM/DD/YYYY. PROGRAM REQUIREMENTS HAVE BEEN COMPLIED WITH.”

NOTE: DSCA WILL WORK TO UPDATE APPLICABLE REGULATIONS TO REFLECT THIS CHANGE.

D. CHEST X-RAY REQUIREMENT: IF AN INDIVIDUAL NEEDS TO TRAVEL TO THE US FOR TRAINING MORE THAN ONCE IN A 12 MONTH PERIOD AND THE CHEST X-RAY PRIOR TO THE INITIAL TRAINING PERIOD IS DOCUMENTED TO HAVE BEEN NEGATIVE FOR ACTIVE DISEASE, A REPEAT CHEST X-RAY(S) IS NOT REQUIRED UNLESS THE INDIVIDUAL HAS SYMPTOMS OR A CLINICAL EXAMINANTION WHICH IS SUSPICIOUS FOR A PULMONARY (LUNG) PROBLEM.

NOTE: DSCA WILL WORK TO UPDATE APPLICABLE REGULATIONS TO REFLECT THIS CHANGE.

5. FUTURE INIATIVES:

- A. STANDARD DOD APPROVED MEDICAL HISTORY AND PHYSICAL EXAMINATION FORMS. DSCA WILL CONDUCT A TEST, IN SELECTED COUNTRIES, THE USE OF DD FORM 2807 MEDICAL HISTORY AND DD FORM 2808 PHYSICAL EXAMINATION. COMPLETED FORMS WILL ACCOMPANY IMS TO THEIR CONUS TRAINING INSTALLATION FOR A ONE YEAR PERIOD AND THEN IMPLEMENT WORLDWIDE IF SUCCESSFUL.
- B. FINAL REVIEW, STAFFING AND PROMULGATION OF THE MEDICAL POLICY HANDBOOK FOR THE SECURITY ASSISTANCE COMMUNITY.
6. THIS POLICY MESSAGE WAS COORDINATED WITH STATE/PM, OSD/HA, SERVICE SURGEON GENERAL OFFICES, UNIFIED COMMANDS AND MILDEPS.
7. POCS FOR THIS POLICY MESSAGE ARE BRION MIDLAND/DSCA/P3-P2 (UNCLAS)
E-MAIL: BRION.MIDLAND@OSD.PENTAGON.MIL (ALL LOWER CASE) AND SONJA RUMSEY, INTERNATIONAL HEALTH CARE CONSULTANT, DEFENSE INSTITUTE OF MEDICAL OPERATIONS (DIMO), (UNCLAS E-MAIL: SRUMSEY@WORLD-NET.NET (ALL LOWER CASE)).

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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, casuals, 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.

H-3 NAVMEDCOMINST 6320.3B, Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities

DEPARTMENT OF THE NAVY
Naval Medical Command
Washington, DC 20372-5120

NAVMEDCOMINST 6320.319
MEDCOM-33
14 May 1987

NAVMEDCom INSTFIUCTION 6320.313
NAVMED-
From: Commander, Naval Medical Command

contained in SECNAVINST 6320.8D and
COMINST 6320.IA.

To: All Ships and Stations
this instruction
Subj: MEDICAL AND DENTAL CARE FOR ELIGI-
payments,

C. In addition to guidance provided in
on initiating the collection process; charges,

BLE PERSONS AT NAVY MEDICAL DEPARTMENT FACILITIES (NOTAL) and

- Encl: (1) Procedures for transferring patients In hospitalization naval MTFs to medical holding enumerated in companies
(2) The Privacy Act-Disclosure to others and disclosure accounting simplify the
(3) Office of Workers' Compensation Programs (OWCP) District Offices directives.
(4) Reservists-Continued treatment, return to limited duty, separation, or retirement cognizance for physical disability instruction. Appendix
(5) Offices of Medical Affairs and Offices of Dental Affairs the Navy's denying
(6) Bibliography of instructions, notices, dental care manuals, and other source material cited
(7) Data Management Information System (DMIS) Facility Identifier approved by
(8) Acronyms period of 3 years
(9) DEERS Treatment and Billing Flow Chart

1. Purpose. To describe and publish the policies and issued procedures for providing medical and dental care to eligible persons at Navy Medical Department facilities. This Medical instruction is a complete revision and should be read in its entirety. Symbols to denote deleted, revised, or added paragraphs are not reflected. (ASD(HA)) under

2. Cancellation. NAVMEDCOM Instruction 6320.3A.

3. Scope (report control section A, paragraph

and collection procedures outlined in the Management Handbook (NAVMED P-5020)

NAVMEDCOMNOTE 6320 (Cost elements of medical, dental, subsistence rates, and bills) (NOTAL) are applicable to persons this instruction,

d. Enclosures (1) through (9) enhance and use of this instruction by providing supplemental tion, part of which is excerpted from other

4. Action. Ensure that personnel under your are made aware of the contents of this prise all such personnel that failure to comply prescribed requirements could result in responsibility for the expenses of medical and obtained from other than Federal sources.

5. Reports. The following reports have been the Chief of Naval Operations for a only from the date of this instruction:

a. Retained original Nonavailability Statements under the provisions of section D, paragraph 3 sent weekly to the Commanding Officer, Naval Data Services Center (Code-03), Bethesda, MD 5066, for compilation and reporting to the

Secretary of Defense for Health Affairs control symbol DD-HA (Q) 1463(6320).

b. The DEERS project officer report symbol MED 6320-42) required in

a. The provisions of this instruction:
when

4cc(l)(c) will be made annually (situationally
changes occur) to NAVMEDCOM

WASHINGTON DC

(1) Enumerate those persons eligible to receive
medical and dental care at Navy Medical Department
facilities.

by message.

from

(2) Prescribe the extent and conditions under which
medical and dental care may be provided such persons.

6. Forms. Forms prescribed for use are available
the various sources indicated below:

Federal

b. Guidelines for obtaining medical and dental care
procurement
from nonnaval sources, other than supplemental care, are

a. The following forms are available from the
Supply System through normal supply
procedures:

Form No. No.	Title	National Stock
SF 88 (B X 21 version) 4570	Report of Medical Examination (Rev. 10-75)	7540-00-753-
SF 93 8368	Report of Medical History (Rev. 12-75)	7540-MI81-
SF 502 4114	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634- (flat sheet)
SF 4115	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634- (2-part snap out set)
SF 522 4165	Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (Rev. 10-76)	7540-00-634-
SF 539 4175	Abbreviated Medical Record (Rev. 10-75)	7540-00-634-

System and can be ordered

b. The following forms are available from COG 11 stock points of the Navy Supply
per NAVSUP PJ2002:

Form No	Title	Stock No.
DD 7	Report of Treatment Furnished Pay Patients, 0070 Hospitalization Furnished (Part A) (Rev. 1-76)	0102-LF-000-
DD 7A 0075	Report of Treatment Furnished Pay Patients,	0102-LF-OW-

	Outpatient Treatment Furnished (Part B) (Rev. 8-76)	
DD 1172 1722	Application for Uniformed Services Identification and Privilege Card (Rev. 1-79)	0102-LF-WI-
DD 1251 2512	Nonavailability Statement (Rev. 8-86)	0102-LF-001-
DD 2161 1610	Referral For Civilian Medical Care (Rev. 10-78)	0102-LF-002-
NAVJAG 5890/12 8960	Hospital and Medical Care, 3rd Party Liability Case/Supplemental Statement (Rev. 3-78)	0105-LF-105-
NAVMED 6300,15 3025	Inpatient Admission/Disposition Record (Rev. 5-79)	0105-LF-206-
NAVMED 6320/9 1592	Dependent's Eligibility for Medical Care (Rev. 8-85)	0105-LF-214-
NAVMED 6320/30 10	Disengagement for Civilian Medical Care (Rev. 11-86)	0105-LF-215-01
SF 88 7140	Report of Medical Examination (Rev. 4-68)	0105-LF-200-

c. The following forms are available from the sources indicated:

Form No.	Title	Source
CA- 16 offices in	Request for Examination and/or Treatment	OWCP district enclosure (3).
CA-20 above.	Attending Physician's Report	Same as
HRSA 43 Service Warehouse Avenue 20857	Contract Health Service Purchase Order for Hospital Services Rendered	Public Health Central 12290 Wilkins Rockville, MD (301) 443-2116
HRSA, 64	Purchase/Delivery Order for Contract Health Services Other than Hospital Inpatient or Dental	Same as above.
VA 10-10 Admini-	Application for Medical Benefits	Local Veterans

facilities.

stration

VA 10-10m
above.

Medical Certificate and History

Same as

(d). NAVMED 6100/4, Medical Board Certificate Relative to Counseling on Refusal of Surgery and/or Treatment, (Rev. 11-86) is available from COMNAVMEDCOM (MEDCOM-33)

J. S. CASSELLS
Commander
Naval Medical Command

Section E. MEMBERS OF FOREIGN MILITARY SERVICES AND THEIR DEPENDENTS

	Paragraph	Page
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1. General Provisions

a. Dependent. As used in this section, the term "dependent" denotes a person who bears one of the following relationships to his or her sponsor:

(1) A wife.

(2) A husband if dependent on his sponsor for more than one-half of his support.

(3) An unmarried legitimate child, including an adopted or stepchild who is dependent on the sponsor for over one-half of his or her support and who either:

(a) Has not passed the 21st birthday; or

(b) Is incapable of self-support due to a physical or mental incapacity that existed prior to reaching the age of 21; or

(c) Has not passed the 23rd birthday and is enrolled in a full-time course of study in an accredited institution of higher learning.

b. Transfer to Naval MTFs in the United States. Do not transfer personnel covered in this section to the United States solely for the purpose of obtaining medical care at naval MTFs. Consideration may be given however, in special circumstances following laws of humanity or principles of international courtesy. Transfer to naval MTFs in the United States of such persons located outside the United States requires approval of the Secretary of the Navy. Naval commands, therefore, should not commit the Navy by a promise of treatment in the United States. Approval generally will not be granted for treatment of those who suffer from incurable afflictions, who require excessive nursing or custodial care, or those who have adequate facilities in their own country. When a request is received concerning transfer for treatment at a naval MTF in the United States. The following procedures apply:

(1) Forward the request to the Chief of Naval Operations (OP-61). With a copy to the Commander, Naval Medical Command, Washington, DC 20372-5120 for administrative processing. Include:

(a) Patient's full name and grade or rate (if dependent, the sponsor's name and grade or rate also).

(b) Country of which a citizen.

(c) Results of coordination with the chief of the diplomatic mission of the country involved.

(d) Medical report giving the history, diagnosis. clinical findings. results of diagnostic tests and procedures, and all other pertinent medical information.

(e) Availability or lack thereof of professional skills and adequacy of facilities for treatment in the member's own country.

(f) Who will assume financial responsibility for costs of hospitalization and travel.

(2) The Chief of Naval Operations (OP-61) will, if appropriate, obtain State Department clearance and guidance and advise the Secretary of the Navy accordingly. The Commander, Naval Medical Command will furnish the Chief of Naval Operations information and recommendations relative to the medical aspects and the name of the naval MTF with the capability to provide required care. if approved, the Chief of Naval Operations will furnish, through the chain of command, the commanding officer of the designated naval MTF authorization for admission of the beneficiary for treatment.

2. NATO

a. NATO SOFA Nations. Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway. Portugal, Spain, Turkey, the United Kingdom, and the United States.

b. Beneficiaries. The following personnel are beneficiaries under the conditions set forth.

(1) Members of NATO Military Services and Their Dependents. military personnel of NATO nations who, in connection with their official duties, are stationed in or passing through the United States, and their dependents residing in the United States with the sponsor may be provided care in naval MTFs to the same extent and under the same conditions as comparable U.S. uniformed services personnel and their dependents. Accordingly, the provisions of section B. paragraph 2 are applicable to military personnel and section D, paragraphs 1d through 4 to accompanying dependents.

(2) Military Ships and Aircraft Personnel. Crew and passengers of visiting military aircraft and crews of ships of NATO nations which land or come into port at NATO or U.S. military airfields or ports within NATO countries.

(3) NATO Liaison Officers. In overseas areas, liaison officers from NATO Army Forces or members

of a liaison detachment from such a Force.

c. Application for Care Military personnel of NATO nations stationed in the United States and their dependents will present valid Uniformed services Identification and Privilege Cards (DD 1173) when applying for care. For other eligible persons passing through the United States on official business and those enumerated in paragraphs 2b(2) and (3), orders or other official identification may be accepted in lieu of the DD 1173.

d. Disposition. When it becomes necessary to return individuals to their home country for medical reasons, make immediate notification to the NATO unit sponsoring the member or dependent's sponsor. Include all pertinent information regarding the physical and mental condition of the individual concerned. Below are details of agreements among the Armed Forces of NATO, CENTO, and SEATO Nations on procedures for disposition of allied country patients by DOD medical installations.

(1) Transfer of Patients

(a) The patient's medical welfare must be the paramount consideration. When deciding upon transfer of a patient, give due consideration to any increased medical hazard which the transfer might involve.

(b) Arrangements for disposition of patients should be capable of being implemented by existing organizations. Consequently, no new establishment should be required specially for dealing with the transferring of allied casualties.

(c) Transfer patients to their own national organization at the earliest practicable opportunity consistent with the observance of principles established in paragraphs 2d(l)(a) and (b) and under any of the following conditions:

1. When a medical facility of their own nation is within reasonable proximity of the facility of the holding nation.

2. When the patient is determined to require hospitalization in excess of 30 days.

3. Where there is any question as to the ability of the patient to perform duty upon release from the MTF.

(d) The decision as to whether a patient, other than one requiring transfer under 2d(l)(c), is fit for release from the MTF is the responsibility of the facility's commanding officer.

(e) All clinical documents, to include x-rays, relating to the patient will accompany such patients on transfer to their own national organization.

(f) The decision of suitability for transfer and the arrangements for transfer are the responsibility of the holding nation.

(g) Through local liaison, arrange the final transfer channels before actual movement.

(h) Patients not suitable for transfer to their own national organization must be dealt with for treatment and disposition purposes as patients of the holding nation until they are transferred, i.e., they will be dealt with in military hospitals, military medical installations, or in civilian hospitals that are part of the military medical evacuation system of the holding nation.

(2) Classification of Patients. Different channels for disposition are required for the following two types of patients:

(a) Patients Not Requiring Admission. Patients not requiring admission to an MTF will be returned to their nearest national unit under arrangements to be made locally.

(b) Patients Admitted to Medical Installations. All such patients will be dealt with per

paragraph 2d(l).

e. Care Authorized Outside the 48 contiguous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space, facilities, and the capabilities of the professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country, or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

3. Members of Other Foreign military Services and Their Dependents

a. Foreign Military Service Members. For the purpose of this paragraph, members of foreign military services include only:

(1) Military personnel carried on the current Diplomatic List (Blue) or on the List of Employees of Diplomatic Missions (White) published by the Department of State.

(2) Military personnel assigned or attached to United States military units for duty; military personnel on foreign military supply missions accredited to and recognized by one of the military departments; and military personnel on duty in the United States at the invitation of the Secretary of Defense or one of the military departments. For the purpose of this paragraph, members of foreign Security Assistance Training Programs (SATP) and Foreign Military Sales (YMS) are not included (see paragraph 4 of this section).

(3) Foreign military personnel accredited to joint United States defense boards or commissions when stationed in the United States.

(4) Foreign military personnel covered in agreements entered into by the Secretary of State, Secretary of Defense, or one of the military departments to include, but not limited to, United Nations forces personnel of foreign governments exclusive of NATO nations.

b. Care Authorized in the United States. Military personnel of foreign nations not covered in paragraph 2 and their dependents residing in the United States with the sponsor may be routinely provided only outpatient medical care in naval MTFs on a reimbursable basis, provided the sponsor is in the United States in a status officially recognized by an agency of the Department of Defense. Dental care and hospitalization for such members and their dependents are limited to emergencies. All outpatient care and hospitalization in emergencies are subject to reimbursement as outlined in paragraph 6.

c. Application for Care. All personnel covered by this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

d. Disposition. When it becomes necessary to return individuals covered by this paragraph to their home country for medical reasons, make immediate notification to the sponsoring unit of the patient or patient's sponsor with a copy to the Chief of Naval Operations (OP 61). Include all pertinent information regarding the physical and mental condition of the individual concerned and full identification, diagnosis, prognosis, estimated period of hospitalization, and recommended disposition. Additionally, the provisions of paragraphs 2d(l) and (2) above apply.

e. Care Authorized Outside the 48 Contiguous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space, facilities, and the capabilities of the professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country, or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

4. Members of Security Assistance Training Programs, Foreign Military Sales, and Their ITO Authorized Dependents

a. Policies

(1) Invitational Travel Orders Screening. Prior to determining the levels of care authorized or the government or person responsible for payment for care rendered, carefully screen ITOs to detect variations applicable to certain foreign countries. For example, unless orders state differently, Kuwait has a civilian health plan to cover medical expenses of their trainees; trainees from the Federal Republic of Germany are personally responsible for reimbursing for inpatient care provided to their dependents; and all inpatient medical services for trainees from France and their dependents are to be borne by the individual trainee.

(2) Elective and Definitive Surgery. The overall policy with respect to elective and definitive surgery for Security Assistance Training Program (SATP). Foreign Military Sales (FMS) personnel and their dependents is that conservatism will at all times prevail, except bona fide emergency situations which might threaten the life or health of an individual. Generally, elective care is not authorized nor should be started. However, when a commanding officer of a naval MTF considers such care necessary to the early resumption and completion of training, submit the complete facts to the Chief of Naval Operations (OP-63) for approval. Include the patient's name (sponsor's also if patient is an ITO (Invitational Travel orders) authorized dependent), grade or rate, country of origin, diagnosis, type of elective care being sought, and prognosis.

(3) Prior to Entering Training. Upon arrival of an SATP or FMS trainee in the United States or at an overseas training site, it is discovered that the trainee cannot qualify for training by reason of a physical or mental condition which will require a significant amount of treatment before entering or completing training, return such trainees to their home country immediately or as soon thereafter as travel permits.

(4) After Entering Training. When trainees require hospitalization or are disabled after entering a course of training, return them to their home country as soon as practicable when, in the opinion of the commanding officer of the medical facility, hospitalization or disability will prevent training for a period in excess of 30 days. Forward a copy of the patient's clinical records with the patient. When a trainee is accepted for treatment that is not expected to exceed 30 days, notify the commanding officer of the training activity. Further, when a trainee is scheduled for consecutive training sessions convening prior to the expected date of release from a naval MTF, make the next scheduled training activity an information addressee. Upon release from the MTF, direct such trainees to resume training.

b. Care Authorized. Generally, all SATP and FMS personnel and their ITO authorized dependents are entitled to care to the same extent. However, certain agreements require that they be charged differently and that certain exclusions apply.

(1) NATO Members and Their ITO Authorized Dependents

(a) Foreign military sales (FMS). Subject to reimbursement per paragraph 6, FMS personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and their accompanying ITO authorized dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that: under CHAMPUS.

1. Dependent dental care is not authorized.
2. Dependents are not authorized cooperative care

(b) International Military Education and Training (IMET). Subject to reimbursement for inpatient care at the appropriate IMET rate for members or at the full reimbursement rate for dependents, IMET personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and accompanying dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that:

under CHAMPUS.

1. Dependent dental care is not authorized.
2. Dependents are not authorized cooperative care

(2) Other Foreign Members and ITO Authorized Dependents

(a) Foreign Military Sales. Subject to reimbursement by the trainee or the trainee's government for both inpatient and outpatient care at the full reimbursement rate, FMS personnel of non-NATO nations and ITO authorized accompanying dependents may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, footwear, and similar adjuncts are not authorized.
2. Spectacles may be furnished when required to enable trainees to perform their assigned duties, provided the required spectacles are not available through civilian sources.
3. Dental care is limited to emergency situations for the military member and is not authorized for dependents.
4. Dependents are not authorized cooperative care under CHAMPUS.

(b) International Military Education and Training. Subject to reimbursement for both inpatient and outpatient care at the appropriate rates for members and dependents, IMET personnel of non-NATO nations may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, orthopedic footwear, and similar adjuncts are not authorized.
2. Spectacles may be furnished when required to enable trainees to perform their assigned duties, provided the required spectacles are not available through civilian sources.
3. Dental care is limited to emergency situations for military memEers and is not authorized for dependents.
4. Dependents are not authorized cooperative care

c. Application for Care. Trainees and accompanying dependents will present official U.S. identification or orders verifying their status when applying for care. If any doubt exists as to the extent of care authorized, ITOs should be screened (see paragraph 4a(M).

d. Notification. When trainees require hospitalization as a result of illness or injury prior to or after entering training, the training activity (the hospital if patient has been admitted) will make a message report through the normal chain of command to the Chief of Naval Operations (OP-63) with information copies to MAAG, COMNAVMEDCOM, Navy international Logistics Control Office (NAVIBCO), Unified Commander, the affected office, and the foreign naval attaché concerned. Include details of the incident, estimated period of hospitalization, physical or mental condition of the patient, and diagnosis. For further amplification, see OPNAV INST 4950.1H (NOTAL) and NAVCOMPTMAN 032103.

5. Civilian Components (Employees of Foreign Military Services), and Their Dependents

a. Care Authorized. Beneficiaries covered in this paragraph are only authorized care in naval MTFs in the United States and then only civilian humanitarian emergency care on a reimbursable basis (appendix G)

rendered at installations which have been designated as remote by the Secretary of the Navy. Make arrangements to transfer such beneficiaries to a civilian facility as soon as their condition permits.

b. Potential Beneficiaries

(1) NATO. Civilian employee personnel (and their dependents residing with them) accompanying military personnel in paragraph 2b(l) of this section, provided, beneficiaries are not stateless persons nor nationals of any state which is not a party to the North Atlantic Treaty, nor nationals of, nor ordinarily residents in the United States.

(2) Others. Civilian personnel not covered in (1) above (and their dependents residing with them) accompanying personnel of foreign nations on duty in the United States at the invitation of the Department of Defense or one of the military departments.

c. Application for Care. Personnel covered by the provisions of this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

6. Charges and Collection

a. Policy. Public Law 99-591, section 9029, contains provisions prohibiting the expenditure of appropriated funds 11 to provide medical care in the United States on an inpatient basis to foreign military and diplomatic personnel or their dependents unless the Department of Defense is reimbursed for the costs of providing such care: Provided, That reimbursements shall be credited to the appropriations against which charges have been made for providing such care, except that inpatient medical care may be provided in the United States without cost to military personnel and their dependents from a foreign country if comparable care is made available to a comparable number of United States military personnel in that foreign country.,,

b. Canadian Agreement. On 3 November 1986, the Department of National Defense of Canada and DOD concluded a comparable care agreement that covers certain military personnel. The agreement stipulates that:

(1) DOD will, upon request, provide Canadian Forces members the same range of medical and dental services under the same conditions and to the same extent as such services are provided comparable United States military personnel. Inasmuch as the agreement covers only certain military personnel, the reimbursement provisions of P.L. 99-591 remain in effect for inpatient care provided to Canadian diplomatic personnel, Canadian dependents, and Canadian foreign military sales trainees who receive care in the United States. Further:

(2) Permanently stationed Canadian units with established strengths of more than 150 personnel are expected to have integral health care capability. Any health care services which members of such units receive from the host nation will be provided on a full reimbursement basis. Groups of larger than 150 personnel, which conduct collective training in the United States, are expected to deploy with an organic unit medical capability. Naval MTFs may be requested to provide services, beyond the capability of the organic unit, at full reimbursement rates.

c. Procedures

(1) Until otherwise directed, naval MTFs in the 50 United States will collect the full reimbursement rate (FRR) for inpatient care provided to all foreign military personnel (except Canadians covered by the comparable care agreement in paragraph b above, and military personnel connected with a Foreign Military Sales (FMS) case number), foreign diplomatic personnel, and to the dependents of both whether they are in the United States on official duty or for other reasons.

(2) Appendix G contains procedures for the initiation of collection action when inpatient care is rendered to beneficiaries from NATO nations and when either inpatient or outpatient care is rendered to all others enumerated in this section. Chapter II, part 4 of NAVMED P-5020 (NOTAL) is applicable to the collection of

and accounting for such charges.

H-4 AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)

BY ORDER OF THE SECRETARY OF THE
AIR FORCE 25 JULY 1994

AIR FORCE INSTRUCTION 41-115

Health Services

AUTHORIZED HEALTH CARE AND HEALTH CARE BENEFITS IN THE MILITARY HEALTH
SERVICES SYSTEM (MIZSS)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the SAF/AAD WWW site at: <http://afpubs.hq.afmil>. If you lack access, contact your Publishing Distribution Office (PDO).

OPR: HQ USAF/SGHA (Maj M. Poulsen)
Supersedes AFR 168-6, 15 March 1988 and AFR
168-2, 24 March 1989.

Certified by: HQ USAF/SGH (Col H. F. Laws III)
Pages: 39

Distribution: F

1.4.2. When an MTF provides care to individuals who aren't active duty personnel and categorical cutbacks in services must occur, use the following priority list:

1.4.2. 1. Active duty (includes North Atlantic Treaty Organization ' NATO) military personnel, Security Assistance and Training Program (SATP) personnel, and Reserve and Guard on active duty or inactive duty for training).

1.4.2.2. Family members (dependents) of active duty, of persons who die while on active duty, and unmarried former spouses who meet the criteria outlined in AFH 41-114.

1.4.2.3. Retired personnel (including those on the Temporary Disability Retired List (TDRL) and their family members including surviving dependents of persons who die while in retired status.

1.4.2.4. Civilian employees stationed overseas on official orders, traveling in temporary duty (TDY) status in the continental United States (CONUS), or covered under the Air Force Occupational Safety and Health (AFOSH) program. For a detailed explanation of civilian dependent entitlements, see AFH 41-114.

1.4.2.5. All other categories.

1.4.2.6. The general rule to follow when MTF personnel must make priority choices in the delivery of health care services is to serve active duty members first and cut back on services to them last.

1.4.2.7. In overseas locations, the wing commander may alter the priority of care (for other than active duty personnel) when by doing so a degradation of the mission is prevented. Civilian personnel stationed overseas determined to be "mission essential" are an additional beneficiary category to consider when changing the priority of care. This also applies when cutbacks in services must occur.

1.4.3. When individuals fall into several beneficiary categories, provide care at their highest priority level. The point of contact (POC) for questions regarding third party billing is the major command (MAJCOM) Resource Management Division.

1.4.4. In all cases (except active duty personnel), when space is unavailable, the MTF personnel may release individuals to civilian care. These individuals need to sign a memorandum (Attachment 6) that they understand that MTF care is limited. By signing the memo, patients acknowledge that the MTF may transfer them

to civilian care under certain circumstances. This memo is especially important because it alerts patients to financial considerations and ensures continuity of care if patients subsequently choose civilian care over the MTF.

1.4.5. MTF policies regarding individuals access to the health care system must reflect the guidelines established in this instruction.

1.4.6. DoD Instruction 6015.20, Changes in Services Provided at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs) December 3, 1992, with Change 1, contains the notification requirements for MTFs considering cutbacks. This notification applies to categorical limitations, such as limiting services to all retirees in a specialty or to inpatients who reach their hospitalization limits. 10 U.S.C. 55 contains cutback requirements. When cutbacks affect custodial and domiciliary care, or exceed the capabilities of the staff or facility, notify the MAJCOM surgeon's office, which advises Headquarters United States Air Force, Managed Care Division (HQ USAF/ SGHA) and Headquarters Air Force Medical Operations Agency (HQ AFMOA).

1.4.7. TDRL patients who have been directed to an MTF for a physical associated with their TDRL status have the same priority for the physical as an active duty member.

1.5. Eligibility Verification. The local Military Personnel Flight (MPF) establishes an individual's eligibility for medical care. Medical facility personnel confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) and ID "check." Direct questions on eligibility to the Director of Patient Administration.

1.5.1. Individuals requesting care must show satisfactory evidence of their beneficiary status. A valid ID card and a DEERS eligibility check are the ways to establish a patient's beneficiary status. Children under age 10 must be enrolled in DEERS, but they don't need their own ID cards. MTF personnel should not provide routine care to patients with questionable eligibility until they make a final determination on a patient's eligibility. In an emergency, always provide care first. Determine eligibility after treatment.

1.5.2. Eligibility verification is normally a two-step process. First, the patient presents a valid ID card. MTF staff ensures that all patients, including those in uniform, show valid IDs before they provide routine care, ancillary, or administrative services.

1.5.2.1. Types of Uniformed Services ID cards:

- DD Form 2 AFACT, United States Armed Forces Identification Card, (green for active duty, red for reserves, and gray or blue for retirees).
- DD Form 1173, Uniformed Services Identification and Privilege Card, (brown for family members and specifically for foreign military personnel/family members).
- DD Form 1173-1, Department of Defense Guard and Reserve Family Member Identification Card, for family members of reserve personnel.

1.5.2.2. The United States Public Health Service (USPHS) ID card number is PHS 1866-1 for active duty and PHS 1866-2 for reserve PHS personnel. Individuals in possession of these cards are authorized users of DoD medical facilities.

1.5.2.3. Some separating personnel and their family members are eligible for medical benefits under the Transitional Assistance Management Program (TAMP) and possess the DD Form 1173.

1.5.2.4. Other beneficiaries have different organizational identification. When an organization doesn't issue ID cards, its members must show some proof of organizational affiliation as well as personal identification.

1.5.2.5. Each uniformed service issues DD Form 1173. Contact the nearest uniformed facility for information on applicable publications.

1.5.3. The second step in verifying a person's eligibility status is DEE_RS. Not all beneficiaries are enrolled in DEERS. MTFs should perform DEERS checks on active duty, retirees, family members of active duty and retired, TAMP eligibles, and survivors only.

1.5.3.1. Deny routine care when the verification process results in questionable eligibility. In these situations, a competent medical authority then performs a risk assessment. If there is a possibility of risk to either the patient or the Air Force, treat the patient. Such patients must first sign a statement saying they will prove eligibility within 30 days. After the 30th day, Patient Administration forwards the patient information to Resource Management for billing. This procedure applies to "hands-on" care as well as ancillary services, for example, filling prescriptions from non-Federal civilian providers.

1.5.3.2. Perform a DEERS check when a dependent child, over 10 years of age and without an ID card, seeks medical care. If the child is in DEERS and with an adult sponsor or parent who has a valid ID card, don't require the parent to return within 30 days with the ID card. The Director of Patient Administration should explain to the sponsor or parent that all children over 10 years of age need ID cards to continue to receive authorized military services like health care.

1.5.3.3. Provide routine care in the direct care system to these categories of patients (even if they fail a DEERS eligibility check):

- The patient received an ID card within the last 120 days.
 - The patient presents a DD Form 1172, Application for Uniformed Services Identification and Privilege Card, that the Air Force issued or reverified within the last 120 days. The DD Form 1172 must have a date and a verifying authority from the MPF must have certified it. This certification includes an original signature in ink with the rank, position, and phone number of the verifying official.
 - The patient's sponsor is a member of the Reserve or National Guard ordered to Federal active duty for more than 30 days and the patient has a copy of such orders. The beginning period of active duty must be within the last 120 days.
 - The patient is less than 1 year old.
 - The patient is under 10 years old and the sponsor is a reservist or guardsman called to duty (within the last 120 days) for more than 30 days. The child may use a copy of the orders to verify eligibility.
- The patient is a Secretarial Designee (use the designee letter to verify eligibility and benefits).
 - The patient is a foreign military sponsor or family member.
 - The sponsor is on overseas assignment, afloat, or has an Army or Air Force Post Office (APO) or Fleet Post Office (FPO) address. The patient should present some documentation to indicate the sponsor's status such as TDY or PCS orders.

1.5.4. Each MTF must have written instructions on how to handle patients with questionable eligibility.

1.5.5. The Director of Patient Administration establishes a procedure to verify the eligibility of all beneficiaries with prescriptions from non-Federal providers. Such procedures should verify eligibility with a valid ID card and a DEERS check. The procedures should also allow adult family members or friends to pick up prescriptions from the pharmacy for an eligible beneficiary.

1.6. The Uniformed Services Treatment Facilities (USTF) Program. USTFs are former US Public Health Service medical treatment facilities providing medical and dental care to DoD beneficiaries. Individuals eligible to receive care in a Department of Defense medical treatment facility (DoD MTF) and living within the defined USTF service

area may enroll in the local USTF Managed Care Plan. Active duty personnel aren't eligible to enroll in the Managed Care Plans but may receive medical care at USTFs. USTFs are required to reimburse MTFs for care provided to beneficiaries enrolled in the UTSF Managed Care Plans.

1.6. 1. MTF personnel whose facilities are located near USTFs must be familiar with the terms of the contract under which each USTF operates, for example, eligibility, billing procedures, health care benefits and Managed Care Plans.

1.6.2. The list of USTFs is in Attachment 6.

1.7. Comparable Care Agreements. Title 10, United States Code (Annotated), Chapter 15 1, Section 2549, requires foreign military and diplomatic personnel to pay for inpatient care in MTFs, unless the foreign country and the United States have completed an agreement indicating otherwise. These comparable care agreements require that both countries provide a comparable level of health care to a comparable number of personnel.

1.7.1. Air Force medical personnel who see the need for a comparable care agreement to provide inpatient care for foreign military or diplomatic personnel (or their family members) in the United States should send a proposal through the MAJCOM Surgeon's Office to HQ USAF/SGHA. Proposals should include:

- Enough information to evaluate the benefit of the agreement to the United States.
- Specific information on what the DoD would receive and what it would be expected to provide. For example, explain whether the foreign country would provide military or civilian care, at what price, and for whom (active duty, family member, and so on).

The number of foreign and US Forces personnel and their family members who may be affected by the agreement.

1.7.2. HQ USAF/SGHA reviews all proposals.

1.7.3. Currently only Canada, Germany, Ecuador, El Salvador, Guatemala, Uruguay, Tunisia and Columbia have comparable care agreements with the United States.

1.7.4. As additional agreements are completed, HQ USAF/SGHA will send the necessary information via message to MAJCOMs and MTFs.

1.8. Special Foreign Nationals. The Secretary of the Air Force may authorize Air Force health care benefits to foreign nationals considered to be critically important to the interests of the United States. The Secretary of the Air Force may use this authority for individual designations, on a case-by-case basis. Such a designation doesn't create a new category of beneficiaries.

1.8.1. Criteria for selection as a Secretary of the Air Force Designee for foreign nationals: Foreign nationals nominated for designee status must be heads of State, Cabinet members (Minister), Chiefs of Staff of the Armed Forces, or hold equivalent positions. Appropriate health care must not be available in the nominee's country or in a civilian health care facility in the United States.

The nominee or his government must agree to assume responsibility for payment of DoD health care services (at the FRR) and, if the individual requested and the Air Force approved the cost of aeromedical evacuation.

1.8.2. Designation procedures:

- Foreign governments seeking Designee status will submit requests to the State Department through the mission chief of the country involved. The request must contain the full name and title of the individual, an explanation of why the individual is critical to US interests, the pertinent medical information, the billing address (individual or off ice), and a certification that the nominee meets all of the necessary criteria.

- Refer inquiries from foreign embassies in Washington, or other sources to the US Chief of Mission in the country concerned.
- The State Department reviews the request and, if appropriate, refers it to the Office of the Assistant Secretary of Defense (Health Affairs) with a recommendation for approval.
- The Office of the Assistant Secretary of Defense (Health Affairs) reviews the request and, if appropriate, refers it to the Secretary of the Air Force with a recommendation for approval.
- If the Secretary of the Air Force approves the request, the Secretary's office forwards it to the Office of the Air Force Surgeon General for appropriate action. HQ USAF/SGHA prepares the request and assigns responsibility for moving the Designee through the Aeromedical Evacuation Control Center to the specific overseas or CONUs MTF.

1.8.3. When the Secretary of the Air Force designates an individual as a beneficiary for Air Force health care under this paragraph, the benefit does not extend to the individual's family.

1.9. Medically Related Services. Sections 927(c) and 1401 of Title 20, U.S. C. and the following entitles handicapped DoD Dependents Schools (DoDDS) students to a free public education. Federal law also entitles Handicapped DoDDS students who require medically related services and are in a "tuition free" status under DoD Directive 1342.13 Eligibility Requirements for Education of Minor Dependents in Overseas Areas July 8, 1983, with Changes I and 2, to receive those medical services free of charge, regardless of their beneficiary category, or the location of the service.

1.9. 1. Under DoD Instruction 1010. 13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent School's Outside the United States August 28, 1986, with Change 1, and DoD Instruction 1342.12, Education of Handicapped Children in the DoD Dependent Schools, December 17, 198 1, the DoD provides medical care and related services in-theater in overseas locations according to MTF capabilities. When a handicapped student who is entitled to government medical care needs an evaluation or services outside the theater, aeromedical evacuation of that student and an accompanying adult to and from CONUS is free. The Air Force may also authorize commercial transportation of the handicapped student and accompanying adult.

1.9.2. Providing medically related services under Sections 927(c) and 1401 of 20 U.S.C. must not disrupt the individual's special education. For evaluations performed in C-ONUS, consider the scope of the law. For example, ongoing counseling or physical therapy, in CONUS based facilities, is likely disruptive and, as such, inconsistent with the law and DoD directives. As a result, in the extremely rare case of a handicapped DoDDS student who cannot obtain required ongoing services in-theater, management must consider reassigning the individual's sponsor to another accompanied area where the necessary medical services are available that don't disrupt the child's special education.

1.10. Authorization for Physical Examinations. This paragraph doesn't cover the physical examinations (flying, non-flying and occupational health) in AFI 48-123, Medical Examination and Medical Standards (formerly AFR 160-43).

H-5 AFH 41-114, Extract Military Health Services System (MHSS) Matrix

BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE HANDBOOK 41-114

Health Services
MILITARY HEALTH SERVICES SYSTEM
(MHSS) MATRIX

NOTICE: This publication is available digitally on the SAF/AAD WWW site at: <http://afpubs.hq.afmil>. If you lack access, contact your Publishing Distribution Office (PDO).

12.2. General Entitlements. Once an individual is declared a deserter, the individual and his/her family members are not entitled to health care or aeromedical evacuation in the military health care system, including CHAMPUS and USTFs.

12.3. Special Considerations. A deserter returned to military control is entitled to care under Paragraph 1. or 2. Family members would be entitled to care under Paragraph 21. or 22.

Table 12. Not required.

Section B-Health Care for Foreign Forces Members. Section B describes the extent of health care services available to foreign forces members.

13. NATO Military Personnel. Authority is DODI 1000.13, Identification (ID) Cards for Members of the Uniformed Services, their Dependents, and other Eligible Individuals, December 30, 1992; DODD 6310.7

13.1. Category Definition. Military members of NATO countries including those under the FMS or IMET programs, who are in the United States (assigned or TDY) at the official invitation of a Federal Department or Agency.

13.2. General Entitlements. See Table 13.

13.3. Special Considerations:

13.3. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

13.3.2. Supplemental health care for Canadian and German forces personnel in the US under their respective reciprocal health care agreements is authorized at Government expense in a civilian MTF. This includes all supplemental care requested by the MTF to complete a course of treatment, e.g. diagnostic tests, consultations, and treatment.

13.3.3. Billing procedures for NATO personnel who are IMET or FMS are identified in the individual's invitational travel order, (IMET charged IMET rate, FMS charged FRR). Also see special consideration in Paragraphs 15. and 16.

13.3.4. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO personnel in their MTFs in NATO countries.

13.3.5. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 13. NATO Military Personnel.

	A	B	C
R	If the general benefit is benefit	and the patient is entitled to the	thencollect these charges U locally from the individual
L			
E			
1	direct care, outpatient	yes	na

2	direct care, inpatient		FRR, see para 13.3.1.,
13.3.3.			
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only, see paragraph 13.3.2.	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 13.3.5.
7	dental care		na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR, see para 13.3.1.
11	immunizations		na
12	prosthetic devices		

14. Non-NATO Military Personnel. Authority is DODI 1000. 13

14.1. Category Definition. Military members of non-NATO countries who are in the United States (Assigned or TDY) at the official invitation of a Federal Department or Agency and not funded under the Foreign Military Sales (FMS) or International Military Education and Training (IMET) programs. This includes individuals on the Diplomatic List or the List of Employees of Diplomatic Missions published by the State Department, individuals assigned or attached to a United States military unit for training, individuals on duty in the United States at the invitation of DOD, individuals accredited to a joint US defense board or commission. Non-NATO military members under the FMS or IMET programs on official business (assigned or TDY) who are funded through AFSAT are covered in Table 15. and Table 16.

14.2. General Entitlements. See Table 14.

14.3. Special Considerations:

14.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

14.3.2. Non-NATO countries who have signed up to the Partnership for Peace Status of Forces Agreement (SOFA) will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

14.3.3. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO personnel in MTFs in the foreign country. 14.3.4. No charge for outpatient care to individuals in the Military Personnel Exchange Program. 14.3.5. Prosthetic devices, excluding dental prostheses, are billed at the actual charge. Dental prostheses are billed at the current rate publicized by HQ USAF/SGMC. 14.3.6. Reimbursement for A/E required, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 14. Non-NATO Military Personnel.

	A	B	C
	If the general benefit is	and the patient is entitled to	then collect these
	R		from the individual
	U		
	L		
	E		
1	direct care, outpatient	yes	FOPR, see para 14.3.1.,
14.3.2.,			14.3.4.
2	direct care, inpatient	no	na
3	CHAMPUS		

4	supplemental care- -	for diagnostic tests only	actual charges, see para
14.3.1.,	non-CHAMPUS		14.3.2.,14.3.4.
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 14.3.6.
7	dental care		full dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR, see para 14.3.1.,
14.3.2.,			14.3.4.
10	emergency care, inpatient		FRR, see para 14.3.1., 14.3.2.
11	immunizations		IR, see para 14.3.4.
12	prosthetic devices		actual charge, see para 14.3.5.

15. Foreign Military Sales (FMS) Personnel (Non-NATO). Authority is DODI 1000. 13.

15.1. Category Definition. Non-NATO personnel in the United States or overseas who are participating in an FMS program (part of the Security Assistance Training Program). NATO FMS participants are covered under Table 13.

15.2. General Entitlements. See Table 15.

15.3. Special Considerations:

15.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

15.3.2. Billing procedures are identified in the individual's invitational travel order (ITO). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/113, 2021 1st Drive West, Randolph AFB, TX 78150-4302.

15.3.3. If the MTF commander determines an FMS trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

15.3.4. If an FMS trainee is physically or mentally disqualified for further training, the MTF commander sends a message to: AFSAT, RANDOLPH AFB TXHCC, I/ with an information copy to OSAF, WASH DCHIAX//. Include the individual's name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

15.3.5. Dental care is limited to emergency care or that care required to keep individuals progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

15.3.6. FMS funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

15.3.7. Reimbursement is required for A/E unless exempted under an international military reciprocal health care agreement. Enter pertinent information on I) MRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 15. FMS Personnel (Non-NATO).

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges as specified in the individual's Invitational Travel Orders (ITO)
1	direct care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
2	direct care, inpatient		FRR, see para 15.3.1. and 15.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 15.3.1. and 15.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 15.3.7.
7	dental care	see para 15.3.5.	dental rate, see para 15.3.1. and 15.3.2.
8	USTF system	no	na.
9	emergency care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
10	emergency care, inpatient		FRR, see para 15.3.1. and 15.3.2.
11	immunizations		IR
12	prosthetic devices	no	na.

16. International Military Education and Training (IMET) Personnel. Authority is DODI 1000. 13.

16.1. Category Definition. Non-NATO personnel in the United States or overseas on a US installation under the IMET program (part of the Security Assistance Training Program). This does not include NATO personnel who are IMET sponsored. See Paragraph 5. for these individuals,

16.2. General Entitlements. See Table 16.

16.3. Special Considerations:

16.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

16.3.2. Billing procedures are identified in the individual's ITO. Send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 1st Drive West, Randolph AFB, TX 78150-430 1.

16.3.3. If the MTF commander determines an IMET trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

16.3.4. If an IMET trainee is physically or mentally disqualified for further training, the MTF commander sends a message to AFSAT RANDOLPH AFB TX//CC// with an information copy to OSAF WASH DCHIAX//. Include the individual's name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

16.3.5. Dental care is limited to emergency care and care required to keep an individual progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

16.3.6. IMET funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

16.3.7. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 16. IMET Personnel (Non-NATO).

	A	B	C
RULE	If the general benefit is	and the patient is entitled to the benefit	then collect these charges as specified in the individual's Invitational Travel Orders (ITO)
1	direct care, outpatient	yes	IMET rate, see paragraphs
2	direct care, inpatient		16.3.1. and 16.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	IMET rate, see paragraphs
5	supplemental care-CHAMPUS	no	16.3.1. and 16.3.2.
6	aeromedical evacuation	yes	na
7	dental care	see paragraph 16.3.5.	see paragraph 16.3.7.
8	USTF care	no	IMET rate
9	emergency care, outpatient	yes	na
10	emergency care, inpatient		sames as Rule 1/2
11.	immunizations		IMET rate
12	prosthetic devices	no	na

17. Aviation Leadership Program (ALP) Participants. Authority is 10 U.S.C., Chapter 905.

17.1. Category Definition. Personnel in the United States who are participating in the Aviation Leadership Program (ALP), an AF Undergraduate Pilot Training (UPT) Scholarship program (part of the Security Assistance Training Program). While in the US they will also participate in other training such as the English Language Program at the Defense Language Institute and UPT and necessary related training.

17.2. General Entitlements. See Table 17.

17.3. Special Considerations:

17.3. 1. ALP students are provided medical/dental care without charge. If family members accompany the ALP student, the student or his government must defray all associated costs; charge the family member the full reimbursement rate for direct and emergency care. Billing procedures are identified in the individual's invitational travel order (ITO).

17.3.2. If the MTF commander determines an ALP student requires medical treatment that precludes start or successful completion of the program, contact OSAF/IAX, 1080 Air Force Pentagon, Wash DC 20330-1080, DSN 227-8399, for further instructions.

17.3.3. Dental care is limited to that care required to keep individuals progressing in their training program. Family members are limited to emergency treatment only at the full reimbursement rate.

17.3.4. Elective medical care will not be provided to ALP participants or their family members.

17.3.5. Reimbursement is not required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 17. ALP Participants.

A	B	C	
R	If the general benefit is locally	and the patient is entitled to the benefit	then collect these charges from the individual
U			
E			
1	direct care, outpatient	yes, see paragraph 17.3.1.	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 17.3.6.
7	dental care		na, see para 17.3.3.
8	USTF care	no	na
9	emergency care, outpatient	yes	sec paragraph 17.3.1.
10	emergency care, inpatient		
11.	immunizations		
12	prosthetic devices	no	na

19. Foreign Military Personnel Overseas. Authority is DODI 1000.13, E0 11733, DODD 6310.7

19.1. Category Definition. Non-US military personnel and their family members outside the 50 states and the District of Columbia. This does not include FMS or IMET active duty members.

19.2. General Entitlements. See Table 19.

19.3. Special Considerations:

19.3. 1. In-theater agreements take precedence over this Paragraph.

19.3.2. Health care/transportation will not be provided if these services are available from the parent country.

19.3.3. No charge for outpatient care to military personnel in the Military Personnel Exchange Program and accompanying family members. For health care for other foreign military personnel overseas refer to paragraphs 13, 14, 29, or 30.

19.3.4. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261. In accordance with DODI 4515.13R, Nov 94.

Table 19. Foreign Military Personnel Overseas.

A	B	C	
R	If the general benefit is locally	and the patient is entitled to the benefit	then collect these charges from the individual
U			
L			
E			
1	direct care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
2	direct care, inpatient	no	na
3	CHAMPUS		
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 1.9.3.3.

	PUS		
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	see paragraph 19.3.2.	see paragraph 19.3.4.
7	dental care	emergency only	dental rate
8	USTF care	no	na
9	emergency care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
9	emergency care, inpatient		FRR
10	immunizations		IR
11	prosthetic devices	no	na

29. Family Members (Dependents) of NATO Personnel. Authority is DODI 1000. 13, DODD 6310.7, EO 11733.

29.1. Category Definition. Family members (dependents) of military members of NATO countries who are in the United States (Assigned or TDY) at the invitation of a Federal Department or Agency. This includes family members of FMS and IMET participants.

29.2. General Entitlements. See Table 29.

29.3. Special Considerations:

29.3.1. Individuals must possess a valid DD 1173, Uniformed Services Identification and Privilege Card (Accountable).

29.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to NATO family members:

29.3.2. 1. Domiciliary or custodial care.

29.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such items may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

29.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies

29.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

29.3.4. If there is an international reciprocal military health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

29.3.5. Parents and parents-in-law are not entitled to CHAMPUS.

29.3.6. Only outpatient CHAMPUS care is provided.

29.3.7. Emergency dental care only to relieve pain or undue suffering.

29.3.8. Billing procedures for NATO family members whose sponsor is an FMS or IMET student will have billing procedures outlined in the sponsor's ITO.

29.3.9. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO family members in their MTFs in NATO countries.

29.3. 10. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC,

Table 29. Family Members of NATO Personnel.

	A	B	C
R	If the general benefit is	and the patient is entitled to the	then collect these charges
locally			
U		benefit	from the individual
L			
E			
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR
3	CHAMPUS	see paragraph 29.3.6.	na
4	supplemental care-non-CHAMPUS	no	
5	supplemental care-CHAMPUS	for diagnostic tests only	
6	aeromedical evacuation	yes	see paragraph 29.3.10.
7	dental care	see paragraph 29.3.7.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR
11	immunizations		na
12	prosthetic devices	no	see paragraph 29.3.2.2.

30. Family Members (Dependents) of Non-NATO Military Personnel. Authority is DODI 1000.13.

30.1. Category Definition. Family Members (dependents) residing with a military member who is not a member of a NATO country and is in the United States or overseas at a US installation on official business (permanently or TDY). This category does not include FMS and IMET family members; see paragraphs 31. and 32.

30.2. General Entitlements. See Table 30. 30.3. Special Considerations:

30.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

30.3.2. Non-NATO countries who have signed up to the Partnership for Peace SOFA will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

30.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

30.3.3. 1. Domiciliary or custodial care

30.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

30.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

30.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the

government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

30.3.5. Billing information contained in the sponsor's orders takes precedence over this paragraph.

30.3.6. Emergency dental care only to relieve pain or undue suffering.

30.3.7. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

30.3.8. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

30.3.9. No charge for outpatient care for family members of individuals in the Military Personnel Exchange Program.

Table 30. Family Members of Non-NATO Personnel.

	A	B	C
R	If the general benefit is	and the patient is entitled to the	then collect these charges
locally		benefit	from the individual
U			
L			
E			
1	direct care, outpatient	yes	FOPR, see para 30.3.1.,
30.3.2.,			30.3.5., 30.3.9.
2	direct care, inpatient	no, see para 30.3.1., 30.3.2.	see para 30.3.5.
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-	for diagnostic tests only	actual charges, see para
30.3.1.,			
	PUS		30.3.5., 30.3.9.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 30.3.8.
7	dental care	see paragraph 30.3.6.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR
10	emergency care, inpatient		FRR
11	immunizations		IR
12	prosthetic devices	no	see paragraph 30.3.3.2.

31. Family Members (Dependents) of Foreign Military Sales (FMS) Personnel (Non-NATO).

Authority is DODI 1000. 13

31.1. Category Definition. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an FMS program (part of the Security Assistance Training Program). NATO FMS family members are covered under paragraph 29.

31.2. General Entitlements. See Table 31.

31.3. Special Considerations:

31.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement take precedence over this table.

31.3.2. Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/113, 2021 1st Drive West, Randolph AFB, TX 78150-4302.

31.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

31.3.3.1. Domiciliary or custodial care

31.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

31.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

31.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

31.3.5. Emergency dental care only to relieve pain or undue suffering.

31.3.6. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

31.3.7. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC,HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 31. Family Members of FMS Personnel (Non-NATO).

	A	B	C
	If the general benefit is	and the patient is entitled to the	then collect these charges
locally		benefit	from the individual
U			
L			
E			
1	direct care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
2	direct care, inpatient		FRR, see para 31.3.1. and 31.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 31.3.1. and 31.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 31.3.7.
7	dental care	see paragraph 31.3.5.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
10	emergency care, inpatient		FRR, see para 31.3.1. and

- 11 immunizations
- 12 prosthetic devices

no

31.3.2.
IR, see para 31.3.1. and 31.3.2.
see paragraph 31.3.3.2.

32. Family Members (Dependents) of International Military Education and Training (IMET) Personnel (Non-NATO). Authority is DODI 1000.13.

32.1. Category Definition. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an IMET program (part of the Security Assistance Training Program). NATO IMET family members are covered under paragraph 29.

32.2. General Entitlements. See Table 32.

32.3. Special Considerations:

32.3.1 Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the IMET case, then send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 1st Drive West, Randolph AFB, TX 78150-4301.

32.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

32.3.2. 1. Domiciliary or custodial care.

32.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

32.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

32.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

32.3.4. Emergency dental care only to relieve pain or undue suffering.

32.3.5. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

32.3.6. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 32. Family Members of IMET Personnel (Non-NATO).

	A	B	C
R	If the general benefit is	and the patient is entitled to the	then collect these charges
locally			
U		benefit	from the individual
L			
E			

1	direct care, outpatient	yes	FOPR, see paragraph 32.3.1.
2	direct care, inpatient		FRR, see paragraph 32.3.1.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 32.3.1.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 32.3.6.
7	dental care	see paragraph 32.3.4.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	same as Rule 1/2
10	emergency care, inpatient		
11	immunizations		IR
12	prosthetic devices	no	see paragraph 32.3.2.2.

39. NATO Civilian Employees. Authority is DODD 6310.7.

39.1. Category Definition. Civilian employees of a NATO nation's military department accompanying a NATO military member on official duty within the United States and is not a US citizen or normally a resident of the United States.

39.2. General Entitlements. See Table 39.

39.3. Special Considerations:

3 9.3. 1. Only emergency dental care is authorized. 39.3.2. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 39. NATO Civilians.

	A	B	C
R	If the general benefit is	and the patient is entitled to the	then collect these charges
U		benefit	from the individual
L			
E			
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 39.3.2.
7	dental care	see paragraph 39.3.1.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR
11	immunizations		na
12	prosthetic devices	no	

Attachment 3

INTERNATIONAL RECIPROCAL MILITARY HEALTH CARE AGREEMENTS

COUNTRY	EXPIRATION DATE
Bolivia	12 Sep 97

Canada	2 May 99
Columbia	8 Apr 99
Ecuador	27 Jan 97
El Salvador	6 Feb 97
Federal Republic of Germany	7 Apr 97
Guatemala	23 Apr 97
Romania	25 Apr 98
Tunisia	12 Oct 99
Uruguay	7 Feb 97
Venezuela	21 Sep 97

NOTE: Reciprocal Health Care Agreements may not cover all military, civilians, or dependents. Insure the individual receiving the medical/dental service is covered under the country agreement.

H-5 Extract DoDI 6000.11, Patient Movement

Department of Defense
INSTRUCTION

NUMBER 6000.11
September 9, 1998

ASD(HA)

SUBJECT: Patient Movement

References: (a) DoD Instruction 6000.11, "Medical Regulating," May 21, 1993 (hereby canceled)
(b) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996
(c) DoD Directive 4500.9, "Transportation and Traffic Management," January 26, 1989
(d) DoD Directive 5158.4, "United States Transportation Command," January 8, 1993
(e) through (m), see enclosure 1

1.1. Reissues reference (a) and implements policy, assigns responsibilities, and prescribes procedures under reference (b) for standardizing medical regulating, and implementation of the DoD global patient movement mission.

1.2. Implements policy under references (c), (d), and (e), governing the management and use of Government aircraft.

1.3. Establishes procedures for movement of patients, medical attendants, related patient movement items, specialized medical care team members, and non-medical attendants on DoD-provided transportation. It explains eligibility for patient movement, policy for its use, responsibility for funding and reimbursement, applicability of tariff rates, and requirements for approval. This Instruction addresses both medical regulating (the identification of, and assignment to, medical treatment facilities capable of providing required definitive, recuperative and/or restorative care to eligible beneficiaries) and aeromedical evacuation (AE) (the process of actually moving a patient through the U.S. Air Force (USAF) fixed wing AE system and focuses on process integration, wherever possible). It incorporates the AE provisions previously in Chapter 5, DoD 4515.13-R (reference (f)) with the procedures for broader DoD-provided patient movement and responsibilities for medical regulating.

1.4. Defines the conditions under which patient movement may be provided and identifies categories of patients eligible for patient movement. It further identifies conditions under which costs for patient movement services provided to DoD healthcare beneficiaries, other U.S. Government Agencies, private individuals or organizations, foreign countries, or foreign nationals are reimbursable to the Department of Defense. It prescribes procedures for central processing of reimbursements by the Global Patient Movement Requirements Center (GPMRC).

1.5. Transfers authority, direction, control and executive management of the Defense Medical Regulating Information System (DMRIS) and Automated Patient Evacuation System (APES) to the U.S. Transportation Command (USTRANSCOM).

USTRANSCOM shall develop the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES), a single overall system that ties together patient accountability from the field, while in transit and at originating, destination, and enroute medical treatment facilities (MTFs). TRAC2ES shall provide intransit visibility and medical regulation of patients in both peacetime and contingencies.

2. APPLICABILITY AND SCOPE

This Instruction applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, and the Defense Agencies (hereafter referred to collectively as “the DoD Components”).

2.2. Under mutual agreement (reference (g)), the Office of the Secretary of Veterans Affairs (VA).

5.7.2.5. Regulate Uniformed Services' patients from the supported combat theater directly into the theater MTFs of the other theater Unified Commands, or CONUS, consistent with USTRANSCOM-defined intertheater lift-bed procedures. Such regulation shall be based on the medical capability and bed availability information provided for use by USCINCTRANS.

5.7.2.6. Integrate and deconflict intratheater plans and schedules.

5.7.2.7. Generate and approve intratheater evacuation plans and schedules.

5.7.2.8. Develop proposed intertheater patient movement plans consistent with USTRANSCOM and GPMRC established procedures, and transportation priorities agreed to by the Chairman of the Joint Chiefs of Staff and/or supported CINC and USTRANSCOM for the respective contingency operation.

5.7.3. Participate in planning conferences to ensure professional standards for patient care and medical regulating are maintained and the most effective utilization of AE resources is made during any exercise, natural disaster, or contingency.

5.7.4. Recommend changes to procedures for patient movement AIS to USCINCTRANS.

5.8. The Commander in Chief, U.S. Atlantic Command, shall:

5.8.1. Determine the supporting MTFs to be used for GPMRC bed apportionment and CONUS evacuation planning.

5.8.2. Serve as the point of contact on behalf of the Department of Defense for the VA-DoD National Plan.

6. PROCEDURES

6.1. GENERAL. Persons authorized medical care in DoD medical facilities are not necessarily entitled to DoD patient movement. Identified under “Criteria” are the conditions under which patient movement may be provided and categories of patients eligible for patient movement.

6.2. CRITERIA

6.2.1. Only patients specifically eligible for patient movement pursuant to DoD Directives, authorized by statute, or requested by the Head of a Government Agency, under the Economy Act (reference (h)), may be provided transportation unless there is an emergency involving immediate threat to life, limb, or sight, suitable care is locally unavailable, and suitable commercial services (air taxi, charter air ambulance, and AE-configured

commercial air, etc.) are neither available nor adequate. The Department of Defense is not permitted to compete with commercial activities in providing patient movement to other than authorized patients. Further, DoD transportation may not be used to provide financial relief for a patient or patient's family, or for convenience of the patient or patient's family.

6.2.2. The commander of a force engaged in combat or in a hostile fire situation may approve patient movement for patients and medical and nonmedical attendants in an aircraft not configured for AE, if the patients are facing a threat to life, limb, or sight. Any decision to use these transportation assets should consider the possible compromise to a patient's condition that may result from the use of non-AE assets.

6.2.3. Except for casualties returning to their place of residence or duty station from overseas deployments or contingencies, DoD-sponsored patient movement for inpatients and outpatients should be provided to the nearest appropriate MTF capable of providing the necessary care, unless the movement supports movement to designated STS, is consistent with regional managed care support contracts, supports GME or other approved programs, or supports an exception to policy as approved by the PMRC. Movement of returning patients from deployments or contingency operations will be in accordance with established operations plans or other contingency-specific implementing instructions or guidance. Patients originating outside CONUS who are not expected to return to duty and patients being separated from the Component by reason of disability should be moved to an MTF or VA Medical Center nearest the patient's selected place of residence. Patients who are expected to return overseas should be moved to the closest MTF to port of entry. Hospitalized patients who are away from their duty station may be returned to an MTF nearest their duty station.

6.2.4. Special air missions are not authorized for movement of terminally ill patients. Requests for movement of terminally ill patients before the next scheduled mission should be processed in accordance with DoD Directive 4500.43 (reference (e)).

6.2.5. DoD-sponsored patient movement is not authorized to transport a person for medical experimentation unless competent medical authority determines that such experimentation will save a patient's life, limb or sight.

6.2.6. A patient may not be moved CONUS to overseas, unless a patient is returning to an overseas duty location after completing treatment or as a recovered patient. Prior approval from the receiving overseas command and GPMRC is required before movement from CONUS to overseas.

6.2.7. When a military or USCG member or their dependents are moved via DoD-provided patient movement for permanent change of stations, reimbursement for costs shall be provided through the permanent change of station fund cite on the member's travel orders.

6.3. ELIGIBILITY FOR USE OF THE AE SYSTEM

6.3.1. DoD-Sponsored Patients. Uniformed Services patients, as defined in enclosure 2, may be provided transportation within or between theaters for inpatient and/or outpatient treatment or consultation that is unavailable locally from any DoD-approved healthcare facility, and for which movement is required. Specific authorizations for AE in-patient status are based on those specified for each category of DoD health beneficiary noted below.

6.3.2. Recovered Patients. DoD-sponsored patients and their dependents may be authorized patient transportation within and between theaters, and for return travel to their duty station when in recovered patient status.

6.3.3. Nonmedical Attendants.

6.3.3.1. One able-bodied member of the immediate family of any patient provided DoD-sponsored transportation may also be provided DoD-sponsored transportation as a nonmedical attendant and authorized to accompany the

patient when competent medical authority determines that a family member's presence is necessary to the patient's health and welfare. Additional family members may be allowed to accompany the patient, as an exception to policy, when necessary to the patient's health and welfare after approval by the Commander, or Director of the patient's MTF, and concurrence of the Director of the applicable PMRC. If a member of the immediate family is not available, another adult may accompany the patient in nonmedical attendant status on determination of need and written justification.

6.3.3.2. A nonmedical attendant whose status is lost due to the death, extended medical care requirements of the patient, or other circumstances may be provided space available DoD-sponsored transportation to the scheduled destination nearest his or her originating location. However, in some cases, there may also be an entitlement for Government-funded transportation of surviving dependents to attend burial ceremonies of a deceased member. Consult the JFTR, Volume 1 (reference (k)) for definitive guidance. AE aircraft shall not be scheduled to move nonmedical attendants. Patient movement always takes priority over movement of nonmedical attendants.

6.3.3.3. Children are not eligible for nonmedical attendant status. The only exception are those breast-feeding infants traveling with their mothers and those children accompanying a family member with an immediate life-threatening condition who is traveling to undergo a potentially life-threatening surgical procedure (e.g. cardiothoracic or brain surgery). Such special cases will be reviewed and approved individually by the PMRC director.

6.3.4. Beneficiaries of Other U.S. Government Agencies and Other Government-Sponsored Patients. Patients sponsored by a U.S. Government Agency and authorized Government transportation according to the JTR, Volume 2 (reference (l)), may be provided patient movement. Reimbursement shall be made by the employee's Agency to USTRANSCOM at the non-DoD, U.S. Government tariff for all patient movement services provided.

6.3.5. Medical Attendants. The patient's medical condition will dictate the necessity of medical attendants. Medical attendant responsibilities are shared between all Uniformed Services but usually rest with the reporting facility.

6.3.6. Readiness Training Cases. Categories of patients, as approved by ASD(HA), such as burn cases, that provide a unique readiness value to both the patient movement system and the Military Health Services System.

6.3.7. Special Medical Support Personnel. Special medical support personnel missions are not AE missions. These individuals are authorized space required travel on channel missions. Movement requirements sooner than the next channel mission should be requested in accordance with DoD Directive 4500.43, reference (e).

6.3.8. Non-DoD Sponsored Patients. Non-DoD sponsored patients may be moved only if such movement is in direct support of the DoD mission, or when it does not interfere with the DoD mission and is an emergency, lifesaving situation, or is authorized by statute, or requested by the Head of an Agency of the Government pursuant to the Economy Act (reference (h)).

6.4. FINANCIAL CONSIDERATIONS. Except for casualties being returned from overseas deployments or contingencies and medical emergencies, and when appropriate medical care is available through civilian sources in the local community, MTF Commanders must determine if it is cost-effective to use the patient movement system. The cost comparison is between local civilian care and the "full" cost of care through the patient movement system. The full cost of the patient movement system includes MTF medical care cost as well as transportation, per diem, lodging, and lost duty time of patients and attendants. Enclosure 3 contains a flow chart that looks at the different steps used to determine the cost-effectiveness of using the patient movement system. A sample worksheet is included in enclosure 4 to provide a template for cost calculation.

6.4.1. Applicable patient movement charges shall conform to DoD reimbursement policies and third party billing procedures and guidance for collection in accordance with 32 CFR Part 220 (reference (m)). No reimbursement or billing point of contact will be required for the movement of patients to support-funded medical missions such as the Institute of Surgical Research, Fort Sam Houston, TX.

6.4.2. Persons eligible for patient transport may be provided movement using readiness baseline flying hours, schedules and priorities established by the GPMRC (TPMRC - overseas) with input from the DoD Regional Lead Agents and the tasked Component surgeons. Use of flying hours over the readiness baseline must be reimbursed. Business case analysis to determine whether or not a patient should be evacuated or retained locally should consider the cost and availability of PMRC-arranged transportation, the cost to retain the patient locally, and the potential for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE cost-shared transportation.

6.4.3 Commercial Transportation. For urgent or priority movements, use of commercial air ambulance and the purchase of commercially scheduled transportation by USTRANSCOM or its components is authorized if the cost benefit to the patient movement system can be clearly demonstrated.

6.4.4. Reimbursement

6.4.4.1. Reimbursement rates will be established each year by the DoD Comptroller for patient movement. Rates should consider both the costs of transportation and the cost of enroute medical care, and will cover both DoD and non-DoD beneficiary categories. Different rates for DoD beneficiaries can be established when considering whether or not the supporting resources are provided from the DoD readiness baseline or from resources over and above the readiness baseline.

6.4.4.2. Nonmedical attendants shall be issued appropriate travel orders authorizing the same category of movement as the patient. Any reimbursements due the Government for patient movement that may apply to the patient shall also be applied to the nonmedical attendant. The orders should clearly provide all known reimbursable items, costs, corresponding accounting symbols, and complete billing address to facilitate processing by the responsible accounting and finance activity.

6.4.4.3. Reimbursements for Beneficiaries of Other U.S. Government Agencies and Other Government-Sponsored Patients shall be made by the employee's Agency to USTRANSCOM at the non-DoD, U.S. Government tariff for all patient movement services provided.

6.4.5. Readiness Training Cases. These patients can be provided patient movement without reimbursement by the sponsoring or accepting Component when non-Transportation Activity Group of the Air Force Working Capital Fund (Transportation Working Capital Fund (TWCF) reimbursable aircraft are used (e.g., DHP-funded C-9A program aircraft, Operational Support Airlift (OSA) aircraft, or C-21 for which reimbursement is not required). When a TWCF reimbursable source is used (e.g., C-141, C-5, C-17, etc.), Air Mobility Command for intertheater and CONUS and U.S. Air Forces Europe or U.S. Air Forces Pacific for overseas intratheater missions shall reimburse the TWCF. If the GPMRC, or supporting TPMRC, can arrange transportation using the readiness baseline-funded training hours, no reimbursement need be sought. Insurance companies and other third party payers will be billed for reimbursable charges if the case falls within the purview of a third party collection opportunity. Reimbursement for nonmedical attendants will be sought either directly from the patient's insurer, or the supported Component, unless otherwise directed by ASD(HA) and the USD(C).

6.4.6. Federal Emergency Management Agency (FEMA) Support. Requests passed from a FEMA agent, either at FEMA headquarters or at a field office, through the DOMS for patient movement will be collected for reimbursement in accordance with overall disaster assistance guidance provided by Chairman of the Joint Chiefs of Staff and/or DOMS and/or Forces Command or from FEMA on a case-by-case basis.

6.4.7. Reimbursement for U.S. civilian and foreign national patient and attendant transport will be sought in accordance with established procedures for non-beneficiary support. The designation of a U.S. civilian or foreign national for movement by a Combatant Commander, Chairman of the Joint Chiefs of Staff, or other authority does not, in and of itself, obviate the need for payment.

6.5. PRIORITIES FOR PATIENT MOVEMENT. All medical considerations being equal, patients shall be prioritized for transportation as follows:

6.5.1. U.S. active duty Service member.

6.5.2. North Atlantic Treaty Organization (NATO) active duty Service member. NATO military personnel are eligible for patient movement while assigned or attached to a U.S. military installation. Patient movement is provided on a cost reimbursement basis.

6.5.3. Dependents of U.S. active duty Service members.

6.5.4. Other mission-essential Government Agency personnel. Includes only those civilians stationed in overseas areas. U.S. citizens who are employees of Uniformed Services; full-time, paid American Red Cross serving with the Department of Defense; professional scout leaders; United Service Organization professional staff serving with a Uniformed Service; and DoD Dependent School (DoDDS) teachers.

6.5.5. U.S. military retirees.

6.5.6. Dependents of U.S. military retirees.

6.5.7. Dependents of NATO active duty Service members. NATO dependents are eligible for patient movement if their NATO sponsor is assigned or attached to a U.S. military installation. Patient movement is provided on a cost reimbursement basis.

6.5.8. Dependents of other Government Agency personnel. Includes only those civilians stationed in overseas areas who are U.S. citizens and are employees of Uniformed Services; full-time, paid American Red Cross serving with the Department of Defense; professional scout leaders; professional staff serving with a Uniformed Service; and DoDDS teachers.

6.5.9. Other Patients.

6.5.10. Nonmedical Attendants.

6.6. PROCEDURES FOR REQUESTING PATIENT MOVEMENT

6.6.1. Eligible Patients. Requests for patient movement are submitted by the responsible MTF to appropriate PMRC. In the CONUS, the GPMRC coordinates all subsequent aspects of the patient movement. In overseas theaters, the TPMRC coordinates all subsequent aspects of outside Continental United States (OCONUS)-intratheater patient movement. Mission preparation, coordination, and execution are then conducted under the direction of the tasked theater Service transportation component.

6.6.2. Ineligible Patients

6.6.2.1. Patient Movement Requests. Non-DoD use of DoD transportation may be provided in emergency, lifesaving situations or when the Head of a Government Executive Department or Agency, pursuant to the Economy Act (reference (h)), requests patient movement from PMRC, certifying it is in the best interests of the Government and that commercial transportation is not capable of meeting the requirement. That patient movement shall normally take place on a channel or regularly scheduled mission and must be clinically validated by the originating PMRC. A nonmedical attendant may accompany the patient when his or her presence is determined by competent medical authority to be essential to the patient's mental or physical well-being. The sponsoring authority's request to the appropriate PMRC must indicate the Agency or individuals responsible to reimburse USTRANSCOM and provide a specific name and address for direct billing of transportation and enroute medical charges at the applicable tariff rate.

6.6.2.2. Request for Urgent Patient Movement in Overseas Areas

6.6.2.2.1. U.S. Civilians. On receipt of a request for lifesaving movement in overseas commands, the theater surgeon concerned is authorized to approve movement of U.S. citizens (on a reimbursable basis) when it is

determined that an emergency involving immediate threat to life, limb, or sight exists, adequate care is locally unavailable or unsuitable, and suitable commercial transportation is neither available nor adequate.

6.6.2.2.2. Foreign Nationals. The U.S. joint forces commander responsible for the area in which the emergency arises has approval authority in coordination with the Department of State (DoS) and the destination theater Combatant Commander for patient movement to the most expedient capable MTF if the patient's injury or illness is directly related to U.S. Government operations within the area. Otherwise, requests for movement of foreign nationals must be forwarded to the responsible PMRC through the local diplomatic post and DoS, Washington, DC for a determination of whether the movement is in the national interest and a confirmation of the DoS or other U.S. Government Agency's authority and requirements for placing a request under the Economy Act (reference (h)). When the critical nature of the patient's illness or injury prevents submission of a request, the theater PMRC may approve movement based on a DoS determination of U.S. interests and commitment to reimburse the Department of Defense for patient movement costs. A message shall be sent from the PMRC to the GPMRC with an information copy to Headquarters, U.S. Air Force, Managed Care Division, confirming the mission and indicating reimbursement source (other Government Agency, the Uniformed Service, private insurance, etc.).

6.6.2.2.3. Requests for movement of patients under subparagraphs 6.6.2.2.1. and 6.6.2.2.2. will be considered on a case-by-case basis and after coordination with receiving host-nation immigration officials. Requests for patient movement of foreign nationals that are being treated in U.S. MTFs must be submitted through the theater Combatant Commander.

6.7. CONUS DISASTER PATIENT MOVEMENT SUPPORT

6.7.1. Requests. Requests for patient movement during disasters in CONUS shall be initiated by the FEMA. Requests shall typically flow from FEMA to the DOMS in the Office of the Army Deputy Chief of Staff, Operations and Plans, to the Secretary of Defense, to the Chairman of the Joint Chiefs of Staff for execution through the USTRANSCOM, with a simultaneous information copy to USACOM as the lead operational authority for the Department of Defense for Military Support to Civil Authorities.

6.7.2. Reimbursement. FEMA support missions are reimbursable to the USTRANSCOM at the non-DoD U.S. Government rate.

6.8. CRITERIA FOR APPROVAL OF PATIENT MOVEMENT

6.8.1. Routine. Missions are scheduled, in coordination with the appropriate PMRC, and executed by the responsible AE squadron. During contingencies coordination is through the appropriate PMRC to the theater Service transportation component.

