PRIME TRAVEL BENEFIT REIMBURSEMENT REQUEST FORM

TRICARE Regional Office - West
401 West A Street, Suite 2100
San Diego, CA 92101-7908
Phone: (800) 449-6408
Fax: (619) 231-4245
e-Mail: TROW-PrimeTravel@trow.tma.osd.mil
http://www.tricare.mil/trowest/Prime-Travel.cfm

Date:

Patient Information

Patient Name:	
Patient Date of Birth:	
Patient SSN:	
Patient Address:	
City, State, Zip Code:	
Patient Home Phone:	
Patient e-Mail:	

Appointment Information

Travel Departure Date:	
Travel Return Date:	

Inpatient Care: ☐ Yes Admission date: ☐ No Discharge date:

Sponsor's Information

Sponsor Name:	
Sponsor SSN:	

Sponsor Status: ☐ Active Duty ☐ Retired ☐ Other

Sponsor's Branch of Service (Active Duty AND Retired)

☐ USAF ☐ USA ☐ USN ☐ USMC ☐ USCG ☐ USPHS

Primary Care Manager (PCM) Information

PCM Name:			
PCM Address:			
City, State:		Zip Code:	
PCM Phone:			

UnitedHealthcare Referral Authorization Number

(1-877-988-9378) or www.uhcmilitarywest.com

Authorization #

Specialty Care Provider (SCP) Information

SCP Name:			
SCP Address:			
City, State:		Zip Code:	
SCP Phone:			
Type of Specialty			

Mode of Travel

☐ POV ☐ Air ☐ Rental Car ☐ Other:

NON-MEDICAL ATTENDANT (NMA) INFORMATION (If Applicable)

NMA Name:	
NMA SSN:	
Relationship:	

Civilian Federal Employee: ☐ Yes ☐ No

Civilian Federal Employee NMA ONLY

Position and Grade:	
Employer Name:	
Employer Address:	
City/State/Zip:	
Employee e-Mail (Fed.):	

Military/ Active Duty NMA ONLY

Rank:	
Unit Name:	
Unit Address:	
City/State/Zip:	
Unit Phone:	
Military e-Mail:	

Print Form

DISCLAIMER: FOR TRAVELERS EMPLOYED BY THE DEPARTMENT OF DEFENSE (DoD), TRO-WEST WILL ENTER TRAVEL ORDERS / VOUCHERS INTO THE DEFENSE TRAVEL SYSTEM (DTS) ON THE TRAVELER'S BEHALF.

This document may contain information covered under the Privacy Act, 5 USC 522(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions.

For TRICARE USE ONLY

TRICARE Prime		**Referral Authorization**		**DTOD Distance**	

Revised 4/02/13