PRIME TRAVEL SUPPORT 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://tricare.mil/trowest/Prime-Travel.cfm

Date:

PATIENT INFORMATION

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

Appointment Information

Travel Departure Date:	
Travel Return Date:	

First Appointment: (During this Travel) Date: Time:

Last Appointment: (During this Travel) Date: Time:

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

Sponsor's Information

Sponsor Name:	
Sponsor SSN:	

Sponsor Status: ☐ Active Duty ☐ Retired ☐ Other

Primary Care Manager (PCM) Information

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

TriWest Referral Authorization Number

Authorization #

Specialty Care Provider (SCP) Information

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

Mode of Travel

☐ POV ☐ Air ☐ Rental Car ☐ Other:

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

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

NON-MEDICAL ATTENDANT 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:	
Employer City/State:	
Employer Zip Code:	
Employee e-Mail (Fed.):	

Military/ Active Duty NMA ONLY

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

Print Form

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, AND THESE DOCUMENTS WILL AUTOMATICALLY BE ROUTED THROUGH THE TRAVELER'S AGENCY OR COMMAND FOR APPROVAL.
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	