

**TRICARE PRIME TRAVEL BENEFIT/
COMBAT RELATED DISABILITY TRAVEL
PATIENT INFORMATION WORKSHEET**

Prime Network Enrollees
TRICARE Prime Travel Offices
PTB Phone #: 844-204-9351 PTB Fax #: 210-536-6176
PTB E-Mail: DHA.TRICAREPTB@health.mil
Prime MTF Enrollees
Contact your MTF Prime Travel Office

**DHA Form 131, TRICARE Prime Travel Benefit/Combat Related Disability Travel Patient Information Worksheet
Privacy Act Statement**

This notice informs you of the purpose of the DHA Form 131 and the applicable SORN (*DHRA 08 DoD*) as well as how the collected information will be stored and used.

AUTHORITY: 5 U.S.C. 57, Travel, Transportation, and Subsistence; 50 U.S.C. 3711, Authority to carry out Department of Defense Cooperative Threat Reduction Program; Department of Defense (*DoD*) Directive 5100.87, Department of Defense Human Resources Activity; DoDD 5105.62, Defense Threat Reduction Agency (DTRA); DoD Instruction 5154.31, Volume 3, Commercial Travel Management: Defense Travel System (*DTS*); DoDI 5154.31, Volume 4, Commercial Travel Management: DoD Government Travel Charge Card (*GTCC*) Program; DoD Financial Management Regulation 7000.14-R, Vol. 9, Defense Travel System Regulation, current edition; DoD Directive 4500.09E, Transportation and Traffic Management; DTR 4500.9-R, Defense Transportation Regulation, Parts I, Passenger Movement, II, Cargo Movement, III, Mobility, IV, Personal Property, V, Customs; 41 CFR 300-304, The Federal Travel Regulation (FTR); Joint Federal Travel Regulations, Uniformed Service Members and DoD Civilian Employees; and E.O. 9397 (SSN), as amended.

PURPOSE: DHA Form 131 is used to document the requirement of specialty care and a non-Medical attendant to accompany the patient as determined by the primary care provider for travel to receive healthcare under the TRICARE Prime Travel Benefit and Combat Related Disability Travel Programs.

ROUTINE USES: In addition to those disclosures generally permitted under the Privacy Act of 1974, as amended (5 U.S.C. § 552(a)(b)), these records may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552(a)(b) (3), to Federal and private entities providing travel services for individuals authorized to travel at government expense on official business; to the Internal Revenue Service to provide information concerning federal income tax; to banking establishments for the purpose of confirming billing or expense data; to such recipients and under such circumstances and procedures as mandated by federal statute or treaty; to foreign or international law enforcement, security, or investigatory authorities related to international agreements and arrangements regulating the stationing and status in foreign countries of DoD military and civilian personnel; to contractors responsible for performing or working on contract for the DoD when necessary to accomplish an agency function related to this System of Records; to a federal agency related to an investigation into an employee, service member, or other authorized individuals if the information is relevant and necessary to the requesting agency's decision on the matter; to the Office of Personnel Management (*OPM*) concerning information on pay and leave and any other information necessary for OPM to carry out its legally authorized government-wide personnel management functions and studies; to the Merit Systems Protection Board, including the Office of the Special Counsel, for the purpose of litigation, including administrative proceedings, appeals, special studies of the civil service and other merit systems, review of OPM or component rules and regulations, investigation of alleged or possible prohibited personnel practices; and administrative proceedings involving any individual subject of a DoD investigation, and such of functions authorized by law; to appropriate Federal, State, local, territorial, tribal, foreign, or international agencies for the purpose of counterintelligence activities authorized by U.S. law or Executive Order or for national security or homeland security of the U.S. purposes or where a record indicates a violation or potential violation of law, whether criminal, civil, or regulatory in nature; to any component of the Department of Justice for litigation for the purpose of representing the DoD, or any officer, employee or member of the Department in pending or potential litigation to which the record is pertinent; in an appropriate proceeding before a court, grand jury, or administrative or adjudicative body or official, when the DoD or other Agency representing the DoD determines that the records are relevant and necessary to the proceeding; or in an appropriate proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant to the proceeding; to the National Archives and Records Administration (*NARA*) for records management inspections conducted pursuant to relevant federal statutes; to a Member of Congress of staff acting upon the Member's behalf when the member or staff requests the information of, and at the request of, the individual who is the subject of the record; to appropriate agencies, entities, and persons related to DoD breach response efforts; and to another Federal agency or Federal entity when the DoD determines that information from this System of Records is reasonably necessary to assist the recipient agency or entity in its breach response efforts.

APPLICABLE SORN: DHRA 08 DoD, Defense Travel System (*March 27, 2020; 85 FR 17319*) <https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-08-DoD.pdf>.

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed; however, administrative delays may occur.

DATE: (YYYYMMDD) _____

PATIENT INFORMATION

DIRECT DEPOSIT INFORMATION

*** A Direct Deposit Form must be submitted once every fiscal year or upon any changes to the bank account on file.**

*** Current Fiscal Year Direct Deposit Form on file is valid for Patient** YES NO

PATIENT NAME: _____

PATIENT DATE OF BIRTH (YYYYMMDD): _____

PATIENT DoD BENEFITS #: _____

PATIENT ADDRESS: _____

PATIENT CITY/STATE: _____

PATIENT ZIP CODE: _____

PATIENT DAYTIME PHONE NUMBER: _____

PATIENT EMAIL: _____

MILITARY SPONSOR'S INFORMATION

SPONSOR'S NAME: _____

SPONSOR'S DoD BENEFITS #: _____

SPONSOR STATUS: Active Duty Service Member (ADSM) Retiree (RET)

BRANCH OF SERVICE: USAF USA USCG USPHS
 USMC USN USSF

MEDICAL APPOINTMENT INFORMATION

*Note: Use military time for Appointment and Admission/Discharge Times.

*This information is specific for each trip.

TRAVEL DEPARTURE DATE (YYYYMMDD): _____

TRAVEL RETURN DATE (YYYYMMDD): _____

FIRST APPT DATE: _____ LAST APPT DATE: _____

FIRST APPT TIME: _____ LAST APPT TIME: _____

FIRST APPT: AM PM LAST APPT: AM PM

INPATIENT: YES NO

ADMISSION DATE/TIME: _____ AM PM

DISCHARGE DATE/TIME: _____ AM PM

PRIMARY CARE MANAGER (PCM) INFORMATION

PCM NAME: _____

PCM ADDRESS: _____

PCM CITY/STATE: _____

PCM ZIP CODE: _____

PCM PHONE: _____

SPECIALTY CARE PROVIDER (SCP) INFORMATION

SCP NAME: _____

SCP ADDRESS: _____

SCP CITY/STATE: _____

SCP ZIP CODE: _____

SCP PHONE: _____

TYPE OF SPECIALTY: _____

SPECIALTY CARE REFERRAL/ AUTHORIZATION INFORMATION

AUTHORIZATION NUMBER: _____

* The Authorization number is issued by the Managed Care Support Contractor (MCSC).

OTHER HEALTH INSURANCE (OHI): YES NO

* If you have OHI, a written referral from your TRICARE assigned PCM must be attached.

PCM REFERRAL LETTER ATTACHED: YES NO

MODE OF TRAVEL POV RENTAL CAR
 AIR OTHER

NON-MEDICAL ATTENDANT (NMA) INFORMATION

***Be sure a NMA medical necessity letter from the patient's doctor accompanies all NMA claims (for ALL adults 18 years or older).**

NMA NAME: _____

NMA DoD BENEFITS #: _____

RELATION TO PATIENT: _____

NMA DAYTIME PHONE: _____

NMA EMAIL: _____

NMA FEDERAL EMPLOYEE UNDER DoD: YES NO

NMA GOVERNMENT EMAIL: _____

ACTIVE DUTY (AD) MILITARY: YES NO

DIRECT DEPOSIT INFORMATION:

***A Direct Deposit Form must be submitted once every fiscal year or upon any changes to the bank account on file.**

*** Current Fiscal Year Direct Deposit Form on file is valid for Non-Medical Attendant ?** YES NO

COMBAT RELATED DISABILITY TRAVEL (CRDT) ONLY
Phone # 844-204-9351 Fax #210-536-6176 E-mail: DHA.CRDT@health.mil

CRDT PATIENT TRAVEL INFORMATION

- CRDT DETERMINATION LETTER ATTACHED: YES NO
- PCM REFERRAL LETTER ATTACHED (must have been issued within the past 12 months): YES NO
- SCP PROVIDER TREATMENT CONFIRMATION LETTER ATTACHED: YES NO
- TRICARE COVERED TREATMENT FOR VERIFIED COMBAT-RELATED INJURY: YES NO
- OTHER HEALTH INSURANCE (OHI): YES NO
- HAS THE VETERAN AFFAIRS (VA) REIMBURSED TRAVEL EXPENSES FOR THIS EPISODE OF CARE: YES NO
- IS PATIENT TRICARE SELECT OR TRICARE FOR LIFE (TFL)? YES NO
- ALL VERIFIED COMBAT-RELATED DISABILITIES, OR ILLNESSES, SCHEDULED TO BE TREATED ARE LISTED IN THE 'ADDITIONAL INFORMATION' SECTION OF THIS FORM. YES NO

PTB/CRDT ADDITIONAL INFORMATION

*If you need extra space to provide any additional information within this document, use the space provided.

By signing you attest that all information provided on this form is accurate and valid.

CLAIMANT SIGNATURE _____ DATE (YYYYMMDD): _____