

## How to Forward Medical Eligibility Documentation to Defense Health Agency Great Lakes DHA-GL

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**Who this is for** National Guard and Reservist

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**Purpose** Medical eligibility documents are used to document, establish, manage, and authorize civilian health care for eligible Reservist and National Guard members who incur or aggravate an injury, illness or disease in the line of duty.

Defense Health Agency Great Lakes (DHA-GL) is responsible for the authorization of civilian medical care for Reservist and National Guard members who are NOT in the catchment area of a Military Treatment Facility (MTF).

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**Eligibility** Reservist and National Guard members who incur or aggravate an injury, illness or disease in the line of duty.

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**Filing Process** Follow these steps to forward medical eligibility documentation to DHA-GL:

Steps	Action
1	Unit medical representative completes DHA-GL Medical Eligibility Request – <a href="#">DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01</a> (select from drop-down box under Request Worksheets).
2	Unit medical representative <u>faxes</u> or mails a copy of orders or drill attendance sheet along with <a href="#">DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01</a> to the following <u>FAX</u> or address: <ul style="list-style-type: none"><li>• <b>FAX: 847-688-6460 or 847-688-7394</b></li></ul> <p><u>Mailing Address:</u> Defense Health Agency Great Lakes (DHA-GL) Attn: Reserve Eligibility Bldg 3400 STE 304 2834 Green Bay Road Great Lakes IL 60088</p>

Steps	Action
	<b>Note:</b> If a service member needs follow-up medical care, please see DHA-GL Process Guide – “ <a href="#">How to Request Pre-Authorization for Line of Duty (LOD) Medical Care</a> ” (select from drop-down box under I want ...)

**Claim Payment** Civilian providers must submit claims for medical care rendered directly to the Regional TRICARE contractor for payment.

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**Results and Follow-up** After the required medical eligibility documents have been submitted to DHA-GL for the initial episode of care, units can request a pre-authorization for follow up medical care through the DHA-GL Line of Duty Section. The request must include a **Service Approved** Line of Duty. Any Claims for medical care rendered without a pre-authorization will be denied.

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**Link** **DHA-GL Medical Eligibility Request - [DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01](#)** (select from drop-down box under Request Worksheets).

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**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460 or 847-688-7394

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**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.