



TRICARE PRIME TRAVEL CHECKLIST

1. FORMS

- DHA Form 131** – Patient Information Worksheet – This is a trip-specific form that must be submitted with each travel claim
- DD Form 1351-2** – Travel Voucher - Completed with valid signature (digital or wet) – Only one trip per form
- DD Form 1351-3** – Statement of Actual Expenses - Completed with valid signature (digital or wet) – Only required if claiming actual meal expense – Does not apply to active-duty or DoD Civilian members acting as Non-Medical Attendant (NMA)
- DHA Form 126** – Confirmation of Specialty Care – Must be signed by Specialty Care Provider (SCP) - We will also accept an After-Visit Summary printed from the provider's patient portal or an itinerary of kept appointments listed on provider's letterhead
- FMS 2231** – Direct Deposit Authorization Form – Completed with valid signature (digital or wet) - Required once per Fiscal Year (FY) or sooner if account changes
- DD Form 2870** – Authorization to Disclose – HIPAA - Required when patient is an adult (18 yrs. & older) and needs our office to speak to another person regarding the travel case and/or claims

2. SUBSTANTIATING DOCUMENTS

- Itemized Receipts** (lodging, meals, rental car/fuel, tolls, etc.) – Must be legible document provided by the vendor/service provider – Must show vendor's name, date of purchase, the amount paid for each item, the taxes paid and payment in the full amount
- Non-Medical Attendant (NMA) Letter**, if applicable (for patients 18 years or older) – Letter of Justification for needing a person to accompany the patient during travel – Must be from Medical Provider, dated and signed, on letterhead – For chronic conditions, provider may request letter be valid for one year
- Written Referral** – FOR TRAVELERS WITH OTHER HEALTH INSURANCE – Must be from TRICARE Prime-Assigned Primary Care Manager
- Letter of Proximity**, if applicable – Letter of Justification for remaining in the Specialty Care area between appointment dates or other extended travel days – We will also accept DHA Form 126, signed by specialist, with detailed notes and proximity requirement listed in blocks 9 and 10

3. TOP ERRORS – PLEASE AVOID

- Traveler's Signature** – The claimant's signature is required under penalty of perjury and fraud; A parent or legal guardian must sign for a dependent minor. The minor's name should be printed after the parent or guardian's signature followed by the word "minor". A valid digital or wet signature is required. A digital signature is an electronic, encrypted, stamp of authentication (signing certificate required). A wet signature is a term to describe the process of signing with pen and ink.
- Claimant** – Expenses must be claimed by an adult. Expenses incurred by a minor will be claimed by the adult NMA that accompanied the minor on the trip. Exception: DoD Civilian employees or Active-Duty members acting as the NMA must submit a separate voucher from the patient. Do **NOT** submit claims under the name of the sponsor if the sponsor was not the authorized NMA.
- Illegible Documents** – All documents submitted must be easy to read.
- Itinerary** – DD Form 1351-2 (Travel Voucher) – Enter the **Arriving** and **Departing** date for each location (to include any overnight stops enroute to SCP), the correct SCP Location, and how you traveled - PA = Privately-Owned Automobile; CP = Commercial Plane; CA = Commercial Auto (*i.e.*, Rental Car)
- Own/Operate** – Mileage can only be reimbursed to a claimant that owns and/or operates the automobile. Section 16 on the DD Form 1351-2 must have "own/operate" selected to claim mileage.
- Duration of Travel** – Section 17 on the DD Form 1351-2 must indicate the duration of travel from the time of departure (HOME) to the time of return (HOME).