

Checklist

Prime Travel Reimbursement Package

(Make sure all forms are signed and dated)

- _____ Patient Information Form
- _____ Proof/Confirmation of Appointment Attendance
(A letter/note from Specialty Care Provider stating date(s), time(s) of ALL scheduled appointments. Must be signed and dated on Provider's stationery or letterhead (not blank sheet).
- _____ Completed DD Form 1351-2 (one for patient and one for the NMA)
- _____ Completed DD Form 1351-3 (one for patient and one for the NMA)
- _____ Completed FMS 2231, Faststart Direct Deposit Form (or voided blank check)
- _____ Itemized receipts (detailed) for reimbursement (food, parking, lodging, tolls, etc). Please ensure these receipts are **legible** and have date, time and location information).
- _____ Written referral from Primary Care Provider **(for beneficiaries enrolled in Medicare A&B).**
- _____ **FOR ACTIVE DUTY MEMBERS only:** A signed active duty memorandum From unit/organization should be included.
- _____ If applicable, a Non-Medical Attendant (NMA) memo from Primary Care Provider is required.