

# PRIME TRAVEL BENEFIT REIMBURSEMENT REQUEST FORM

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e-Mail: [TROW-PrimeTravel@trow.tma.osd.mil](mailto:TROW-PrimeTravel@trow.tma.osd.mil)  
<http://www.tricare.mil/trowest/Prime-Travel.cfm>

Date:

## Patient Information

Patient Name:

Patient Date of Birth:

Patient SSN:

Patient Address:

City, State, Zip Code:

Patient Home Phone:

Patient e-Mail:

## Primary Care Manager (PCM) Information

PCM Name:

PCM Address:

City, State:  Zip Code:

PCM Phone:

## UnitedHealthcare Referral Authorization Number (1-877-988-9378) or [www.uhcilitarywest.com](http://www.uhcilitarywest.com)

Authorization #

## Appointment Information

Travel Departure Date:

Travel Return Date:

**Inpatient Care:**  Yes Admission date:

No Discharge date:

## Specialty Care Provider (SCP) Information

SCP Name:

SCP Address:

City, State:  Zip Code:

SCP Phone:

Type of Specialty:

## Sponsor's Information

Sponsor Name:

Sponsor SSN:

Sponsor Status:  Active Duty  Retired  Other

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

USAF  USA  USN  USMC  USCG  USPHS

## Mode of Travel

POV  Air  Rental Car  Other:

## NON-MEDICAL ATTENDANT (NMA) 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:

City/State/Zip:

Employee e-Mail (Fed.):

## Military/ Active Duty NMA ONLY

Rank:

Unit Name:

Unit Address:

City/State/Zip:

Unit Phone:

Military e-Mail:

**DISCLAIMER:** 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.

This document may contain information covered under the Privacy Act, 5 USC 552(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	<input type="text"/>	Referral Authorization	<input type="text"/>	DTOD Distance	<input type="text"/>
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