

APPENDIX A.

**SAMPLE AUTHORIZATION STATEMENT FOR MEDICAL SERVICES
FOR EMPLOYEES AND FAMILY MEMBERS
APPENDIX B**

U.S. Department of Defense AUTHORIZATION STATEMENT FOR MEDICAL SERVICES FOR EMPLOYEES AND/OR FAMILY MEMBERS		1. AUTHORIZING COMPONENT/INSTALLATION	2. AUTHORIZATION NO.
3. TO:		4. REQUESTED DATE OF ADMITTANCE (mm-dd-yyyy)	
<p>5. It is requested that the below-named employee (or family member) of the Department of Defense be admitted for the services requested in item 10. The statements checked below apply to this request.</p> <p><input type="checkbox"/> Statements of private physicians or medical facilities for services rendered should be supported by a copy of this authorization and submitted to the office shown in item 1. Such statements should cover only the approved medical emergency.</p> <p><input type="checkbox"/> A complete medical statement should be sent under separate cover, marked "Medical Privileged Information," to the authorizing office shown in item 1. In the event of a prolonged illness in excess of 30 days, additional reports should be sent at the end of each month.</p>			
6. NAME OF EMPLOYEE (<i>If patient is a family member, also give name of employee</i>)			
7. DUTY LOCATION (<i>where the employee is physically located</i>)			
8. NATURE OF MEDICAL TREATMENT		9. SERVICES REQUESTED	
<p>10. DOES EMPLOYEE OR HIS/HER FAMILY MEMBER HAVE MEDICAL INSURANCE? IF "YES," GIVE NAME OF COMPANY</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>			
<p>11. I certify that if either I or my dependent has medical insurance, we will file a claim for such benefits as may be payable under the plan, when instructed to do so. Amounts received in settlement of the claim, less deduction for authorized and documented out-of-pocket expenses when applicable, will be forwarded to the agency collection office as directed.</p> <p>Further, I hereby authorize the Department of Defense designee to obtain, for the Department's files, a medical statement covering the services authorized.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (mm-dd-yyyy) Signature of Employee</p>			
<p>12. I certify that to best of my knowledge, the illness or injury of the above-named employee or dependent meets the conditions of eligibility for medical services at Government expense and I hereby authorize the services requested in item 9.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date of Authorization (mm-dd-yyyy) Signature and Title of Authorizing Officer Telephone Number</p>			
13. ESTIMATED COST OF SERVICES		13. ACCOUNTING CLASSIFICATION	

OVERSEAS HEALTHCARE DECISION LOGIC TABLE

Effective February 12, 2016, emergency health care costs, including but not limited to the costs of medical evacuation and/or the costs associated with medical treatment at a health care facility abroad, for a DoD civilian employee and authorized dependents may be prepaid by the Component.

The determination logic table below provides guidance in authorizing prepayment:

STEP	DECISION FACTOR	IF YES ...	IF NO ...
1	Is the employee a U.S. citizen?	Go to Step 2	Stop. Employee is not eligible for prepayment authority.
2	Does the employee or authorized dependent have a medical condition or an injury requiring emergency health care, or other medical treatment including but not limited to medical evacuation and/or medical treatment at a health care facility abroad?	Go to Step 3	Stop. Employee or authorized dependent is not eligible for prepayment authority.
3	Is civilian employee deployed in support of a military contingency operation?	Refer to Def Sec memo dtd. 9/2007 at http://www/cpms.osd.mil/expeditionary/pdf/DSDMemoOnMedicalCare072409.pdf	Go to Step 4
4	Has a competent medical authority determine that medical services are required?	Go to Step 5	Stop. Employee or authorized dependent is not eligible for prepayment authority.
5	Does the employee or authorized dependent have medical insurance?	Go to Step 6	Go to Step 8
6	Will the health care facility accept payment or guarantee of payment from employee's or authorized dependent's medical insurance provider?	Go to Step 7	Go to Step 8
7	Will medical insurance provide authorization for prepayment?	Stop. Employee or authorized dependent is not eligible for prepayment authority.	Go to Step 8
8	Does the employee or authorized dependent have a signed prepayment authorization on file?	Stop. Process payment and initiate repayment process as determined by DoD policy.	Go to Step 9.
9	Is there anyone legally able to sign prepayment authorization on behalf of employee or authorized dependent?	Stop. Process payment and initiate repayment process as determined by DoD policy.	Stop. Employee or authorized dependent is not eligible for prepayment authority.

APPENDIX C

DOD Employees' Overseas Health Care Checklist

This checklist was developed to assist Department of Defense civilian employees with preparing for potential medical emergencies while serving temporary duty or permanent overseas assignments. The following are areas that employees should consider, but clearly do not represent all possible concerns that may be encountered when seeking overseas medical services.

(Instructions: Please review and initial each of the items below to indicate that you are aware, understand and have considered the information in the stated item. Sign and date the bottom of the second page to indicate that you have received this document.)

Medical Coverage

- ___ Contact your Federal Employees Health Benefits plan or medical insurance carrier to determine services that may be available in the event you or your family members require routine or emergency medical care while serving temporary duty (TDY) or assigned to overseas locations.
 - If you are enrolled in a Health Management Organization (HMO) plan, your transfer or assignment may be a Qualifying Life Event (QLE); contact your Human Resources Office for assistance.
- ___ Long-term TDY or Short-term TDY may be considered a QLE. Contact your Human Resource Office for assistance.
- ___ Contact your overseas POC for information regarding medical services available
 - How do you obtain emergency medical services at remote locations?
 - How do you obtain emergency medical services at local installations?
 - Obtain information on upfront payment costs unique to the overseas location if providers do not participate in direct billing arrangements.
 - In the event of an emergency, are air hospital/medical evacuation services provided and is additional insurance recommended?
- ___ Schedule appointments with personal physicians, specialists, and dentists to obtain pertinent medical information regarding permanent assignments to overseas location.
 - Ensure vaccinations are current and documented.

Prescriptions

- ___ Fill prescriptions prior to TDY or permanent assignment; check with medical provider for appropriate amount
 - Please note that country of assignment may not allow you to bring in any prescription drugs. Contact your POC to learn whether you can bring

prescriptions into country. Prescriptions may have to be mailed to the duty location, as a last recourse.

- Obtain duplicate prescriptions for glasses and contact lenses. Bring extra pairs of glasses and/or contact lenses, and other assistive devices\ (e.g., hearing aids) in the event that these items are not readily available at location or by mail.

Family Members

____ Schedule appointments with personal physicians, specialists, and dentists to obtain pertinent medical information regarding assignment to overseas location.

____ Ask your pediatrician for a copy of the vaccination schedule used by the local schools so that you can follow it while overseas. Timing of shots can be important.

____ Schedule eye examinations for all family members, including children.

____ Request copies of records, X-rays, and prescriptions to take with you.

____ Obtain duplicate prescriptions for glasses and contact lenses for family members using them, as well as extra pairs of glasses and contact lenses if not available at installation or by mail.

Special Needs

____ Consult with others to understand services available for specific special needs.

- Consider contacting disability organizations overseas at your destination.

____ Obtain medical alert information and a letter from your health care provider describing medical conditions, medications, potential complications, and other pertinent medical information.

Debt Repayments for Medical Services

____ In the event that the Department of Defense (DoD) has to provide payments for medical services rendered for you and/or your family members, you will be held responsible for repayment.

____ Debt incurred to DoD because of medical services rendered will be repaid according to the terms outlined by DoD or designated party (i.e. DoD medical facility or local non-DoD medical facility).

(Print Name of Employee)

(Signature of Employee)

(Date)