



Welcome to Kirtland Air Force Base!

Congratulations on your assignment to Kirtland Air Force Base, New Mexico! The Fighting Tigers of the 377th Air Base Wing welcome you and know you'll have an amazing time here in Albuquerque! To facilitate and expedite a smooth transition, please read and follow the guidance in this packet. The steps below outline what you'll need before and during your in-processing appointment, so you can quickly get settled into your new home. Before your arrival, your sponsor will help schedule the in-processing appointment at the Welcome Center and other courses you may need. If you need any assistance during your move and cannot reach your sponsor, please contact the Welcome Center Office Manager at 505-846-4484 (DSN 246-4484) or 377FSS.FSP.KAFBWelcomeCenter@us.af.mil.

My Welcome Center In-Processing Appointment is on: _____ at _____

Step 1. Complete the documents in this packet **BEFORE** your Welcome Center appointment:

- Call Health Net (844-866-9378) to update Tricare Benefits Info
- IDA – Individual Duty Assignment Worksheet
- PDT Arrival Worksheet
- DD Form 1351-2 – Travel Voucher
- DD Form 2058 – State of Legal Residence Certificate
- AF Form 594 – Basic Allowance for Housing Application/Authorization
- Active Duty PDT Entitlements Checklist
- Tricare Patient Registration Form
- Patient Portal Secure Messaging (MiCare) Registration Form
- Complete the Housing Early Assistance Tool (HEAT) online:
<https://www.homes.mil/heat/DispatchServlet/HeatEntry>

Step 2. Bring **all** hard copy documents from Step 1, plus the following to your appointment:

- CAC
- 5 copies of orders
- Hard-copy travel receipts
- Initial Duty Assignment Worksheet (from your gaining unit-if available)

Step 3. Bring the following **if applicable**:

- Dependent ID Card (Dependent must be present for DBIDS enrollment)
- PCS Authorized Delay/Awaiting Trans Memo (if quarantined/if RNLTD was updated)
- Medical/Dental Records (if given at prior duty station)
- FL4 Paperwork (if C-coded)
- Tech school certificate (if coming from tech school)
- For Personally Procured Moves (PPM):
 - From move.mil:
 - DD 2278
 - PPM Checklist
 - DD 1351
 - Weight Tickets
 - Rental contracts (e.g. U-Haul, pods)

- Location of Welcome Center:
1451 4th St SE, Albuquerque, NM 87117

Open Camera on phone, hover over code, click link once it pops up!



Scan for location to Welcome Center

INDIVIDUAL DUTY ASSIGNMENT (IDA) WORKSHEET

Today's Date: _____

Grade/Name: _____ **SSAN:** _____

Date Departed Last Duty Station: _____ **Date Arrived Station:** _____

Days TDY Enroute: _____

Duty Title: _____ **PRP:** YES/NO (Circle one)

Duty Effective Date: _____ **Off Symbol:** _____ **Position #:** _____

DAFSC: _____

Supervisor Grade/Name: _____

Supervisor SSAN: _____ **Work #:** _____

MILITARY PERSONNEL SECTION (MPS) USE ONLY

CUSTOMER SUPPORT ELEMENT:

Accession (YES/NO) CMS Case # (If circled YES): _____

IEB Eligible (YES/NO) CMS Case # (If circled YES): _____

Record is / is not in MilPDS (Circle One)

Gain Confirmation Update on _____ (Date)

FORCE MANAGEMENT ELEMENT: *SUSP:* _____

PRP Stat: _____ CROs (CCs) _____

CAFSC _____ DAFSC _____ Position #: _____

CAREER DEVELOPMENT ELEMENT: *SUSP:* _____

Join Spouse: _____ Humanitarian _____

Asgn Avail Code Updates: _____ ASG Limit _____

DOE: _____ DOS: _____ ETS: _____ DOR: _____

Cat Enlist: _____ RE Code: _____

Proj Grade/Line #: _____ Current Grade: _____

SECTION REVIEW (Complete verification within 2 duty days): Initials/Date

FSMPS _____ **PRP** _____ **FSMPD** _____ **FSMPM** _____



WELCOME TO KIRTLAND AFB



In-processing with your gaining Finance office is critical for ensuring your new duty location is updated accurately, to avoid over/underpayments from your last duty station and to reimburse your travel expenses. In this packet, you will be asked to fill out the Permanent Duty Tour (PDT) Arrival Worksheet, a DD 1351-2 (Travel Voucher), an AF Form 594 (BAH Form), a DD Form 2058 (State of Legal Residence) and a PDT Checklist.

Please only complete items with a STAR next to them. Do what you can, we will help you once you meet with us in person. We'll take care of everything else and all questions you have in person during your Welcome Center appointment.

Please have the following prepared for in-processing:

1. A copy of your orders
2. Physical travel receipts (Airfare, lodging, etc.)
3. PCS Authorized Delay/Awaiting Transportation memo (if quarantined or for updated RNLTD)

PCS in-processing common information (2020 data):

- Receipts under \$75 are not needed (e.g. gas receipts, tolls, taxi).
- Per Diem will be paid at \$151.00 per travel day.
- Current PCS MALT rate is \$0.17/mile.
- The PCS Authorized Delay/Awaiting Transportation Memo can be obtained from MPF.
- Lodging and meals during the quarantine period are only reimbursable if you provide lodging receipts and the quarantine memo from MPF. It is not reimbursable if you stayed at your own home or with friends/family.
- Temporary Lodging Expense (TLE) takes place before or after PCS travel. It can be paid for a maximum of 10 days only. If lodging is off-base, a non-availability letter is needed.
- Shipping vehicles is for OCONUS only (unless stated in the orders). Reimbursement of shipping the vehicle will be through TMO. You will be reimbursed TDY mileage for picking up the vehicle from the Vehicle Processing Center (VPC).
- If your dependent(s) travel separately, you will need to file a separate travel voucher for them.
- If you are married to a military member and are separated by orders, talk to your finance technician about Family Separation Allowance (FSA).
- If you are a first-term commissioned officer, please let your finance technician know.



WE ARE THE MONEY TIGERS!

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397

Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

★SSN _____ ★Name _____ ★Grade _____

★Unit _____ ★Office Symbol _____ ★Duty/Home Phone _____

★Final out date _____ ★Date departed last duty station _____ ★Port call date _____

If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.): _____

★Date arrived new station _____ ★Date "Signed into" station/available for duty _____ Was leave taken upon arrival? Yes No

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- 1. My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... N/A
My dependent(s) was/were assigned to quarters on.....
- 2. I have a **unique situation** not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.):
Please explain **unique situation** here, if applicable: _____

★3. I certify I currently reside in: Dorms Gov't Base/Leased Housing Privatized Base Housing Off-base Billeting/Temp Ldg
Effective Date: _____ NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

★4. Dependent certification:

Name of Primary Dependent	Relationship	Date of Marriage/Birth
***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?		

NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: _____ SSN: _____ Duty Location: _____

PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

NOTE: * DLA is **not** payable to **first duty assignment** for single members (JTR 5442.3.1).

I certify that (Please initial beside the applicable items).

- 1. I am married to another military member and we relocated at (**Same time** | **Separate times**).....
 - a) We lived in the (**Same** | **Different**) household at old PDS.....
 - b) We live in the (**Same** | **Different**) household at new PDS.....
 - c) We were stationed at **different PDSs** before relocating to new PDS.....
 - d) We married en route to new PDS (not married at last PDS)

2. Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing):

a) I am E4-or-above w/3+ yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs (see note 1): _____

NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.

b) I am E4-or-below w/less than 3 yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs. (see note 2): _____

NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station.

PART C: ***OCONUS ONLY*******

Date Arrived in Country:..... N/A JTR Location..... N/A

I certify that (please fill in the blank or initial, as applicable, beside the statement(s) that apply or put N/A):

- 1. I traveled with N/A dependents authorized on my PCS orders.
- 2. I am claiming N/A dependents, authorized on my orders and living with me for COLA purposes. (NOTE: report changes to the FSO immediately)
- 3. I am currently serving an Accompanied/Unaccompanied Tour N/A (if Unaccompanied, no COLA for dependents at PDS)

I certify the above information is true and correct:

★Signature: _____ ★Date: _____

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
 Electronic Fund Transfer (EFT)
 Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.

 Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____ ★

2. NAME (Last, First, Middle Initial) (Print or type) ★		3. GRADE ★	4. SSN ★	5. TYPE OF PAYMENT (X as applicable)	
				<input checked="" type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
6. ADDRESS. a. NUMBER AND STREET ★		b. CITY ★	c. STATE ★	d. ZIP CODE ★	<input checked="" type="checkbox"/> PCS
					<input type="checkbox"/> Other
				<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA

★e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE ★	8. TRAVEL ORDER/AUTHORIZATION NUMBER ★	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES ★	10. FOR D.O. USE ONLY	
			a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION ★			b. SUBVOUCHER NUMBER	

12. DEPENDENT(S) (X and complete as applicable) ★			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) ★		
<input checked="" type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)						d. COMPUTATIONS	
<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)					
15. ITINERARY						e. SUMMARY OF PAYMENT	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST		f. POC MILES
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							

16. POC TRAVEL (X one)		<input type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL	
				12 HOURS OR LESS	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
				MORE THAN 24 HOURS	

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE ★		b. DATE ★	
c. REVIEWER'S PRINTED NAME		d. SIGNATURE	e. TELEPHONE NUMBER
			f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE	c. TELEPHONE NUMBER
			d. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

STATE OF LEGAL RESIDENCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>. M01040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>.

DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial) ★

2. DOD ID NUMBER ★

3. LEGAL RESIDENCE/DOMICILE (City or county and State)★

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT ★

5. CURRENT MAILING ADDRESS (Include Zip Code)★

6. DATE (YYMMDD)★

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) ★		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN ★	3. GRADE ★	QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
	4. PHONE ★	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5A. DUTY LOCATION (Base, State, ZIP Code or Country) KIRTLAND AFB, NM, 87117		EFFECTIVE DATE: _____	
5B. E-MAIL ADDRESS ★		INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
		EFFECTIVE DATE: _____	
		TRANSIENT QUARTERS OCCUPIED - UNIT #	
		EFFECTIVE DATES FROM: _____ TO: _____	
★ PART B - MARITAL/DEPENDENT STATUS		TITLE	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		SIGNATURE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ _____		Click to sign	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPARATED _____ (Date)		DATE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT			
BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): ★ _____			
Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
PART C- MEMBER'S CERTIFICATION (For members with dependents)			
<input type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).			
(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. _____			
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE ★			DATE ★
Click to sign			

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

START
 CHANGE
 CANCEL
 REPORT
 STOP
 PARTIAL
 WITHOUT DEPENDENT
 WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is dependent on the member based on being

Spouse
 Single member claiming legitimate child in custody of another
 Legitimate child in single member's custody
 Stepchild
 Adopted Child
 Illegitimate child or
 Child, member to member marriage

SECONDARY DEPENDENT DETERMINATION/REDETERMINATION

Parents
 Parents-in-law
 Stepparents
 Parents-by-adoption
 In-Loco-Parentis
 Students 21 and 22 years of age
 Incapacitated children over age 21
 Ward of a court

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

OFFICE ADDRESS

DATE

Active Duty PDT Entitlements (PDT, PPM, TLE, Dep Tvl, etc.) Checklist

CUSTOMER USE

	YES	NO	N/A
★ Traveler's Name:			
★ Traveler's SSN:			
★ Order #:			
1 DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information? Was any portion of your travel to/from a data masked (classified) location?			
2 Is your personal information correct and legible? (Name, grade, SSN, mailing address, email address and phone number)			
3 Does the travel order number on the voucher match the travel order number filed with the voucher?			
4 Is itinerary correct and legible to include verification of dates traveled, places, modes of travel, reasons for stops, lodging costs and POC/Terminal mileages (if applicable)?			
5 Split disbursements are mandatory for Government Travel Card (GTC) holders. Is split disbursement amount identified?			
6 Are previous advances claimed on the DD Form 1351-2 (Annotated in Block 9)?			
7 Are your dependents listed on DD Form 1351-2 and is the accompanied or unaccompanied block checked? Does this information match your orders?			
8 Did you check Block 16, POC Travel? Check appropriate block (Owner/Operator or Passenger)			
9 Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? Use DD Form 1351-2C for additional expenses. If you are missing receipts for any expense claimed, use a local "missing receipt form" (obtained from The Finance Office).			
10 Are Non-Availability Statements or Contract Quarters Authorization numbers attached for off-base lodging not authorized in orders? (if applicable)			
11 If you shipped a vehicle at government expense, is DD Form 788 (front and back) with appropriate signatures attached?			
12 For Personally Procured Moves (PPM), did you attach TMO required worksheets?			
13 Are you claiming expenses not authorized in your orders? Did the approving official print name, sign, list telephone number, date DD Form 1351-2 in Block 21a? Did they specify what reimbursable expense(s) they're approving and annotate on the DD Form 1351-2 in Block 29? (MANDATORY, if you claim expenses not authorized in orders)			
14 Are copies of travel orders attached to include amendments? NOTE: Front and back of orders (if applicable) are required.			
15 If TDY enroute and leave was taken, Is any period(s) of leave taken while at the TDY enroute location annotated on the voucher to prevent the payment of Per Diem while on leave? Is the leave form(s) approved by the TDY Commander attached?			
16 Did you sign and date the DD Form 1351-2? (MANDATORY)			
17 If this is your first Permanent Duty Travel (PDT), ensure you establish your travel payment account information by completing SF 1199A or FMS 2231. NOTE: You cannot be reimbursed for travel expenses until this information is provided.			
18 For TDY enroute only: 1) If locations listed are not on orders, are amendments attached or variations authorized? 2) If TDY was LESS THAN 12 hours, did you claim actual meal cost in reimbursable expenses?			
19 Did you complete the PDT arrival worksheet and included it with your voucher?			
20 Traveler's signature: ★ _____ Date: ★ _____			

- * ONLY ONE COPY OF THE TRAVEL VOUCHER, ORDERS AND RECEIPTS ARE REQUIRED WITH THIS CHECKLIST
- * TO BE CONSIDERED A VALID RECEIPT IT MUST SHOW THE COMPANY NAME, DATE SERVICES WERE PROVIDED, UNIT PRICE OF ITEM/SERVICE, AMOUNT "PAID" AND "AMOUNT DUE" OF \$0.00 OR EVIDENCE OF PAYMENT
- * IT IS YOUR RESPONSIBILITY TO RETAIN A COPY OF THE TRAVEL VOUCHER, ORDERS, AND RECEIPTS. THE FINANCE OFFICE WILL DESTROY SUBMITTED COPIES AFTER 90 DAYS.

FINANCE USE ONLY

	YES	NO	N/A
1 DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information that needs to be submitted on an AF Form 32? (refer to AFFSC- Base Level Business Rules) If so, remove classified data, complete AF Form 32 and submit via FM Workflow/RAD.			
2 Verification check - has the customer completed requirements listed above? Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? If not, RETURN VOUCHER TO CUSTOMER .			
3 Is the voucher date stamped?			
4 Split Disbursements are mandatory for GTC holders. Is split disbursement amount identified?			
5 Is the member's banking account information built in RTS? If not, attach SF 1199A or FMS 2231.			
6 Is the PDT arrival worksheet attached and dates verified against itinerary? Has member provided current mailing address for their W-2 and a valid email address for payment/debt notification?			
7 For Ret/Sep final vouchers, have DJMS, RTS and DTS been checked for outstanding debts? Ref: AFMAN 65-116V1, Para 69.14.3. If debts are found document them and include in the voucher submission to AFFSC with a screen shot from DJMS showing outstanding debt amount. The remaining debt will be collected from any amounts due the member for transportation of dependents, shipment of personal property, and separation travel (officers only).			
8 Are orders properly certified and the line of accounting legible?			
9 Are copies of the travel orders attached (to include amendments)? NOTE: Front and back page of orders are required.			
10 For TDY enroute only: 1) Are meal statements on all orders validated for accuracy to ensure computation of correct daily per diem? Are CED order meal statements circled or underlined? 2) If member is entitled to FSA (for TDY over 30 days), advise member to submit a DD Form 1561 with the voucher and provide the location of dependents. 3) Are ESR and PSR annotated and legible?			
11 Checklist completed by (Printed Name): _____ Date: _____			
12 Checklist audited by (Printed Name): _____ Date: _____			

-377 MDG PATIENT REGISTRATION FORM-

Contact Health Net Federal Services (HNFS) at 1-844-866-9378 to enroll/register upon arrival to Kirtland AFB.

TODAY'S DATE: _____

INCOMPLETE/INACCURATE FORMS MAY AFFECT YOUR MEDICAL COVERAGE

DOD COMPOSITE HEALTH CARE SYSTEM (CHCS) REGISTRATION CAN BE COMPLETED BY ANY ADULT BENEFICIARY

Sponsor's Name (Military Member) (Last, First and Middle Name)		SSN#	Sex (M/F)	Date of Birth (e.g. JAN 03 47)	Rank	Telephone Numbers	
						Work:	Cell:
Sponsor's Unit Name, Station		Sponsor Mailing Address (street, city, state & zip) (General Delivery: 2050A Second St SE, Kirtland AFB, NM 87117)			Check if Sponsor is one of the following <input type="checkbox"/> Flight Medicine <input type="checkbox"/> PRAP/AUOF		
					Are you an Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		
Branch of Service :		Sponsor Status			Military Status		
Service Entry Date:	Active Duty	Retired	Reserved	TAMP	TDY < 60 Days	PCS	Quick Start Visiting
Previous Assignment:	Guard	Deceased	Other:		TDY > 60 Days	Other:	

FAMILY MEMBER INFORMATION - LIST ALL FAMILY MEMBERS WHO ARE REGISTERING HERE AT KIRTLAND -

Dependent's Name (Last, First and Middle Name)	Dependent's SSN#	Sex (M/F)	Date of Birth e.g. 03 Jan 1947	Relationship to Sponsor (Wife/Child/Etc.)	If you have more than one Child, please identify as first child, second child, etc.

NOTE:**Please indicate **_Dependent's Local Mailing Address/Phone ** <u>If Different than sponsor's</u>	Address:
	City/State/Zip/Phone:
ADMIN ONLY: Paper Record Available? Y or N	CHCS _____ Date Entered _____
Record was Last Seen:	VISTA _____ Date Entered _____
877 Request Completed: Y or N	

This Document contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.



What is TOL Patient Portal?

TOL is a user-friendly, confidential online healthcare messaging system that allows patients to communicate with their healthcare team, get test results, request prescription refills and maintain their own personal health record. In the future, information from your electronic health record will be available to transfer directly into your personal health record.

Who can use TOL Patient Portal?

TOL is scheduled for implementation Air Force wide. That means that once patients have registered, they will remain in the system. When PCS-ing, your account will travel with you so you are able to connect with your new clinic at your new duty station.

Is my privacy protected?

When using TOL, a secure connection is established with the browser to validate that your personal information is encrypted and coded for transmission and storage. This ensures that your information and messages are only accessible by you and your healthcare team. In addition, MiCare is in compliance with the Health Information Portability and Accountability Act of 1996 (HIPAA).

How do I register?

Fill out the registration form below and return it to your Medical Treatment Facility (MTF). An MTF staff member will verify your identity using your military ID card. Following the in-person submission of your registration, you will receive an email asking you to complete the registration process online.

MiCare Registration Form

*Sponsor First / Last Name: _____ DOB (MM/DD/YY): _____

E-Mail Address: _____ DoD ID # (CAC): _____

Spouse First / Last Name: _____ DOB (MM/DD/YY): _____

E-Mail Address: _____ DoD ID # (CAC): _____

Dependent First / Last Name: _____ DOB (MM/DD/YY): _____

E-Mail Address: _____ DoD ID # (CAC): _____

Dependent First / Last Name: _____ DOB (MM/DD/YY): _____

E-Mail Address: _____ DoD ID # (CAC): _____

Dependent First / Last Name: _____ DOB (MM/DD/YY): _____

E-Mail Address: _____ DoD ID # (CAC): _____

This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a)

CLINIC USE ONLY

Staff Initials: _____

Patient ID Verified: Date: _____

E-mail Invitation Sent: Date: _____

Newcomer Medical In-Processing/Right Start

MDG Mission

- Advance the human weapons system, promote optimal health, and provide Trusted Care to Team Kirtland
- We strive to provide safe, evidenced-based, and patient-focused care

Accreditation

- You can review our compliance data and our accreditation status with The Joint Commission at www.qualitycheck.org

Health Benefit Overview

- Medical Treatment Facilities (MTF) will require that all persons, including members in uniform, show satisfactory evidence of their beneficiary status before receiving MTF care. MTFs will require that all patients requesting care present a valid government identification card that satisfactorily establishes the identity of the patient except when the patient is aged 10 or under. The Military Personnel Section (MPS) establishes eligibility, whereas the MTFs verify eligibility. Reference: 10 USC Chapter 55, "Medical and Dental Care;" DoDI 1341.02, Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures and AFI 36-3026_IPV1, Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel.
- For TRICARE Prime enrollees, the PCM is responsible for providing you all routine, non-emergency, and urgent health care. If you require further care, they will refer you to a specialist. If you don't get a referral from your PCM, your care will be under the point-of-service (POS) option (exception: dependents do not need referral for urgent care). By using the POS option, you will pay higher out-of-pocket-costs. The POS option has its own deductible which doesn't count toward your annual catastrophic cap. AD and their dependents are enrolled by default to TRICARE Prime (exception: TRICARE Remote dependents are enrolled to Select by default).
- TRICARE covers services that are medically necessary. To be medically necessary means it is appropriate, reasonable, adequate for your condition and considered proven. TRICARE provides a search engine to see if certain services are covered <https://tricare.mil/CoveredServices>.

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including mental disorder), injury, or for the diagnosis and treatment of pregnancy or well-child care. Additionally, all services and supplies (including inpatient institutional costs) related to a non-covered condition or treatment, or provided by an unauthorized provider, are excluded. You can see all items excluded (not covered) on the Exclusions page <https://tricare.mil/CoveredServices/IsItCovered/Exclusions>.

TRICARE Benefit Options

- TRICARE is the Department of Defense's (DoD) managed healthcare program for active duty (AD) military and their families, Reserve Component (RC) members and their families, retirees and their families, and other beneficiaries. The TRICARE Program offers options for healthcare coverage including: TRICARE Prime, TRICARE Select, TRICARE Prime Remote, TRICARE for Life, TRICARE Plus, TRICARE Young Adult, and several other programs. For detailed information on the various TRICARE health plans go to the TRICARE website at

<https://tricare.mil/Plans/HealthPlans>. Annual plan/enrollment changes can be made for retirees and dependents between 11 Nov-9 Dec during Open Season or within 90 days of a qualifying life event (e.g. birth of a child, change of residence, marriage).

- Prime: Priority access to care at the MDG. Active Duty (AD) service members must be enrolled to TRICARE Prime. Available option for Non-Active Duty Beneficiaries under age 65.
- Select: Non-AD have the option to enroll in Prime or Select. Select is a fee-for-service plan available in the United States. Fees are based on beneficiary category and group.
- Dental: Available option for Non-Active Duty Beneficiaries. The TRICARE Dental Program (TDP) is a voluntary, premium-based dental insurance plan administered and underwritten by the TDP contractor, United Concordia.
- FEDVIP: Voluntary, enrollee-pay-all dental and vision program. In general, retired service members, their families, and survivors are eligible for dental coverage and vision coverage. Family members of active duty service members are eligible for vision coverage. Visit www.Benefeds.com for more information.

Registration/Enrollment

Enrollment: Contact Health Net Federal Services (HNFS) to enroll/register with the 377 MDG at Kirtland AFB via 1-844-866-9378 or visit <https://tricare-west.com/>

- Active Duty will be assigned to:
 - Warfighter Clinic: Based on unit
 - Flight Medicine Clinic: If on Flight Status
 - Personnel Reliability Assurance Program Clinic (PRAP): If Personnel Reliability Program (PRP) or Arming Use of Force (AUoF). The following units fall under PRAP: 377 MXG, 377 MSG (EOD), 899 MUNS, 377 SFS, 377 SSPTS, 377 WSSS.
- Dependents who are TRICARE Prime will be enrolled to the 377 MDG (Adults: Family Health Clinic, Children 0-17: Pediatric Clinic).
- Retirees and their dependents' enrollment is dependent on 377 MDG capacity/space availability.
- TRICARE Select patients will need to select a network PCM from the provider directory. <https://www.tricare-west.com/content/hnfs/home/tw/bene/provider-directory.html>
- Primary Care Manager (PCM) Change Request: A PCM change may be requested at any time, but is dependent on clinic enrollment guidelines and provider capacity. PCM change requests can be made at the Outpatient Records & Patient Administration Office on the 2nd floor of the MDG, (505) 846-3417. Patients must stay within their assigned clinic (e.g. Flight Medicine, PRAP, Family Medicine, Pediatrics, and Warfighter Clinic). The request must be approved by the losing/gaining PCMs and the Chief of the Medical Staff before it is processed.
 - Active Duty: PCMs are assigned based on an Active Duty member's assigned unit. PCM changes will only be approved under extenuating circumstances.
 - Dependents/Retirees: PCM changes may be approved based on availability and capacity within the same clinic (e.g. move from PCM in Family Health to another PCM in Family Health).

Registration: For registration questions/concerns, please call the 377th Medical Group's Patient Administration Office at (505) 846-3417.

MTF Capabilities/Services

- Family Health
- Pediatrics
- Women's Health
- Physical Therapy
- Chiropractic Clinic (AD only)
- Mental Health
- Family Advocacy
- Pharmacy
- Radiology
- Laboratory
- Dental
- PRAP Clinic
- Flight/Operational Medicine
- Occ & Env Health
- Workers Health
- Disease Surveillance
- Health & Wellness
- Immunizations
- Optometry
- TRICARE Operations & Patient Administration
- NO EMERGENCY ROOM! (VA Emergency Room is for adults only – no pediatrics)

Exceptional Family Member Program (EFMP)

If you have been coded for the EFMP program, please contact Ms. Sheryl Howarth at (505) 846-4420

Family Advocacy Program

- New Parent Support Program
 - Pregnant or has child under 3
 - Home visits with RN for concerns: breastfeeding, development, etc.
- Prevention Classes
 - Anger/Stress Management
 - Relaxation Training
 - Relationship Classes
 - Parenting Classes
- Playgroup
 - Open to parents with children under age 6
- Family Violence & Victim Advocates
 - Abuse intervention and treatment for Intimate partners, Spouse, & Child
- Additional Info: (Link to Family Advocacy Program section)

Mental Health

- Outpatient Mental Health Clinic: 2nd Floor of MDG
 - Currently open to Active Duty Only
 - 505-846-3305
- Chaplain's Office: 846-5691 (after hours: 846-3777)
- Military Family Life Counselor: 280-0664 / 228-4544 / 228-5019
- National Prevention Lifeline: 1-800-273-TALK (8255)
- Military One Source: 1-800-342-9647 or <http://militaryonesource.mil>
- Vets4Warrior: 1-855-838-8255

Schedule/Cancel Appointments/Contact PCM

- Clinic Hours (0700-1700): Call the Appointment Line at (505) 846-3200 or use the TRICARE Online Patient Portal <http://www.tricareonline.com> to schedule/cancel appointments or to send a message to your PCM.
- After Hours Care: Call the Nurse Advice Line (NAL) to talk to a registered nurse, available 24 hours a day, 7 days a week. Web or video chat: MHSNurseAdviceLine.com; United States phone number: 1-800-TRICARE (874-2273), option 1. Dependents can visit a TRICARE authorized urgent care without a referral. AD must have a referral before visiting an urgent care to avoid point of service fees. Use the TRICARE provider directory to find an urgent care that accepts TRICARE. <https://www.tricare-west.com/content/hnfs/home/tw/bene/provider-directory.html>
- Emergency Care: The emergency room should be used for concerns of life, limb, or eyesight. Examples of emergencies include: No pulse, severe bleeding, spinal cord or back injury, chest pain, severe eye injury, broken bone, and inability to breathe. This list is not all inclusive. <https://tricare.mil/Emergency/>
- Out of area care: If it is a medical emergency, you can report directly to an emergency room. If it is not a medical emergency, you can call the NAL (United States phone number: 1-800-TRICARE (874-2273), option 1) or visit MHSNurseAdviceLine.com. Dependents can visit a TRICARE authorized urgent care without a referral. AD must have a referral before visiting an urgent care to avoid point of service fees. Use the TRICARE provider directory to find an urgent care that accept TRICARE. <https://www.tricare-west.com/content/hnfs/home/tw/bene/provider-directory.html>.
- Referrals to Network/Specialty Care
 - Referrals for care outside the MTF must be entered by your PCM
 - If you don't get a referral from your PCM, your care will be under the point-of-service (POS) option. By using the POS option, you will pay higher out-of-pocket-costs. The POS option has its own deductible which doesn't count toward your annual catastrophic cap.
 - Referral authorizations are processed by Health Net Federal Services and can take up to 3-business days for approval. You can check the status and print out the authorization by going on-line to <https://www.tricare-west.com/content/hnfs/home/tw/bene.html>
 - TRICARE Claims (e.g. bill form downtown provider) can be reviewed on the triccare-west website. <https://www.tricare-west.com/content/hnfs/home/tw/bene.htmlRx>

Rx Services

- Main Pharmacy - Visit the Kirtland App -> Medical -> Pharmacy, Clinic for more information.
- BX Pharmacy - Visit the Kirtland App -> Medical -> Pharmacy, Exchange for more information.
- The TOL Patient Portal <http://www.tricareonline.com> can be used to:

- Refill up to 10 prescriptions for all members
- Check status of prescription refill(s)
- Choose preferred pick-up location
- Set up Rx Refill reminders (text/email)
- Request prescription renewal using Secure Messaging capability

PRAP

- Must begin and end all appointments at the PRAP Clinic for ID badge and surrender your CAC
- Sick Call Services: 0700-0710 and 1300-1310 (Acute issues only, not for PT failures)
- Off-Base Appointments: Report to your unit PRAP monitor(s); must bring medical documentation back to unit
- Referrals: Once authorization received, schedule the appointment & notify your unit PRAP monitor(s)
- Cancellations or No-Shows: Reported to your leadership
- Profiles: 469 renewals are not automatic, you must be compliant with treatment options

Records

- Beneficiary health records are the property of the United States Government. The information contained in the record belongs to the patient. In accordance with the Privacy Act of 1974 and HIPAA of 1996, the patient has the right to the information in the record. However, the maintenance of the record at the MDG is a legal requirement.
- Physical medical and dental records must be turned in to the MDG. Drop records off at Outpatient Records on the 2nd floor (M-F, 0800-1500). Outpatient Records can be reached at (505) 846-3417.
- Generally, beneficiaries are not authorized to hand-carry their health records in accordance with DHA policy. Hand-carried records must be turned in to Outpatient Records upon arrive to Kirtland AFB.
- Network records (referral records from clinics outside the MDG): Have clinic/provider send records to the MDG's Referral Management Center via fax (505) 846-3439 or drop off physical record to MDG's Outpatient Records Office on 2nd floor. The Referral Management Center can be reached by phone at (505) 846-3402.
- Records requests can be made at Outpatient Records. Patients can also review their medical records via the Blue Button on TRICARE Online <http://www.tricareonline.com>.

MDG Patient Advocate

Call (505) 249-2675 or use the interactive customer evaluation at <https://ice.disa.mil/>.

Defense Health Agency (DHA) Patient Bill of Rights and Responsibilities (OCT 9, 2018)

Patient Rights

- (1) Medical Care. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including timely access to specialty care and to pain assessment and management.
- (2) Respectful Treatment. Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.
- (3) Privacy and Security
 - (a) Patients have rights, defined by Federal law, in accordance with References (m) through (n), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.
 - (b) Limits of confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.
- (4) Provider Information. Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The MTF will inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.
- (5) Explanation of Care. Patients have the right to an explanation concerning their diagnosis, treatment options, procedures, and prognosis in terms that are easily understood by the patient or responsible caregiver. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision-making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.
- (6) Informed Consent. Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available. Patients will be informed that information on TRICARE covered services, including clinical trials, is available on the TRICARE.mil website at: www.tricare.mil.
- (7) Filing Grievances. Patients have the right to make recommendations, ask questions, or file grievances to the MTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission (TJC) at 1-800-994-6610, or by submitting a concern or complaint online at https://www.jointcommission.org/report_a_complaint.aspx.
- (8) Research Projects. Patients have the right to know if the MTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects and withdraw consent for participation at any time.
- (9) Safe Environment. Patients have the right to care and treatment in a safe environment.
- (10) MTF Rules and Regulations. Patients have the right to be informed of the MTF rules and regulations that relate to patient or visitor conduct.
- (11) Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another MTF or private sector facility/provider only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.
- (12) Charges for Care. Patients have the right to understand the charges for their care and their obligation for payment.

Defense Health Agency (DHA) Patient Bill of Rights and Responsibilities

(13) Advance Directive. Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

(14) Limits of Confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others."

Patient Responsibilities

(1) Providing Information. Patients are responsible for providing accurate, complete, and up-to-date information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for advising their healthcare provider of whether they understand the diagnosis, treatment plan, and prognosis.

(2) Respect and Consideration. Patients are responsible for being considerate of the rights of other patients and MTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF.

(3) Adherence with Medical Care. Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF when appointments cannot be kept.

(4) Medical Records. Patients are responsible for returning medical records promptly to the MTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF are the property of the U.S. Federal Government.

(5) MTF Rules and Regulations. Patients are responsible for following MTF rules and regulations affecting patient care and conduct.

(6) Refusal of Treatment. Patients are responsible for their actions if they refuse treatment, or do not follow the practitioner's instructions.

(7) Healthcare Charges. Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.