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Health Services

PATIENT ADMINISTRATION SUPPORT

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This publication identifies and defines the Department of the Air Force (DAF) requirements, policies, procedures, activities, and minimum expectations necessary to ensure a successful Patient Administration mission within Air Force medical units (medical group (MDG) or medical squadron (MDS)). It outlines how to manage Patient Administration functions applicable to DAF medical personnel, including the administrative activities required to best support DAF Active Duty (AD) patients. The organizational alignment of these functions may vary among medical units. This publication applies to all civilian employees and uniformed members of the Regular Air Force, Air Force Reserve, and Air National Guard who perform Patient Administration support functions. All records created as a result of the processes prescribed in this publication must be maintained in accordance with Air Force Instruction 33-322, *Record Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule, located in the Air Force Records Information Management System Records Disposition Schedule. Refer recommended changes and questions about this publication to AF/SG3S within the Policy and Resources Directorate (AF/SGMED) using Department of the Air Force Form (DAF Form) 847, *Recommendation for Change of Publication.* Route DAF Forms 847 from the field through the appropriate functional chain of command. All field publications that either implement or supplement this publication must be submitted to AF/SG3S for coordination prior to approval (T-2). The authorities to waive wing/unit-level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See *DAFI 90-160, Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate

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SUMMARY OF CHANGES

This update focuses on DAF responsibilities in patient administration support. Military Treatment Facility (MTF) responsibilities under the authority, direction, and control of the Defense Health Agency (DHA) have been either removed or referenced in alignment with DHA policy. While retaining the original format and structure for familiarity, the DAFMAN has been renamed and sections have been rewritten to focus exclusively on Service-specific roles, particularly those unique to the DAF. Areas of shared DHA and DAF responsibility have been clarified, with a stronger focus on DAF duties. Chapters **1**, **2**, **3**, and **5** of the previous DAFMAN have been deleted in their entirety. References have been updated. This manual supports DAF patient administration and readiness, and remains in sync with DHA's administration of healthcare delivery.

Chapter 1

OVERVIEW, ROLES AND RESPONSIBILITIES

Section 1A—Patient Support Overview

1.1. Patient Support Overview.

1.1.1. Patient support encompasses a wide range of non-clinical administrative functions essential to medical operations, readiness, and continuity of care for Department of the Air Force (DAF) beneficiaries, including those not assigned to a Military Treatment Facility (MTF).

1.1.2. Patient support includes responsibilities such as patient travel coordination, quarters administration, line of duty determinations, Secretarial Designee program administration, Exceptional Family Member Program processing, admissions and dispositions, aeromedical evacuation tracking, sensitive duty health record management, and casualty/death reporting in accordance with DAF and DHA policy.

Section 1B—Unit Commanders or Commander's Designee

1.2. Unit Commanders or Commander's Designee. The responsibilities of the unit commander are discussed throughout this DAFMAN. In particular, commander authorizations, notifications and coordination with MTF staff may occur. See paragraphs **2.4.2**, **2.13.1**, **2.13.9**, **2.23.2**, **2.23.3**.

Section 1C—Medical Group and Medical Squadron (MDG/MDS) Commanders

1.3. MDG/MDS Commanders. The responsibilities of the MDG/MDS commander are discussed throughout this DAFMAN. See paragraphs **2.2.1.1**, **2.2.2**, **2.6.1**, **2.6.4**, **2.7.1.1**, **2.8**, **2.8.4**, **2.13.1**, **2.14.1**, **2.14.2.1**, **2.15.2.1**, **2.15.2.3**, **2.15.3.2.1**, **2.20.1**, **2.22.2**, **2.23.1**, **2.24.3**, **2.24.4**, **2.24.5**, **2.24.5.1**, **2.24.6**.

Section 1D—Wing Commanders (Or Equivalent)

1.4. Wing Commanders (Or Equivalent). The responsibilities of the wing commander (or equivalent) are discussed throughout this DAFMAN. See paragraphs **2.24.5**, **2.24.5.1**.

Section 1E—MAJCOM (Major Command) Command Surgeon (Or Designee)

1.5. MAJCOM Command Surgeon (Or Designee). The responsibilities of the MAJCOM Command Surgeon are discussed throughout this DAFMAN. See paragraphs **2.8.2**, **2.15.2**, **2.16.3**, **2.20.1**.

Section 1F—Office of Administration and Management to the Secretary of the Air Force (SAF/AM)

1.6. SAF/AM. The responsibilities of SAF/AM include delegated authority of the Air Force Secretarial Designee Program. See paragraphs **2.6**, **2.7**, **2.8**.

Chapter 2

PATIENT ADMINISTRATION FUNCTIONS

Section 2A—Patient Travel

2.1. Patient Accountability for Service Members Traveling to Attend Medical Appointments and/or Specialty Care.

2.1.1. All service members traveling to any MTF for outpatient medical follow-up or referred specialty medical care must have the following messages annotated on their travel orders. **(T-1).**

2.1.1.1. Section 11 shall indicate, "MTF – TRICARE Operations and Patient Administration Function and/or AGMTU." **(T-1).**

2.1.1.2. Section 16 will indicate, "Service members must report to the MTF TRICARE Operations and Patient Administration Function to have their travel orders validated within 24-hours of arrival, or the next duty day if arriving on a weekend or holiday. **(T-1).** All service members traveling to attend official medical-related appointments or treatment are required to contact the MTF TRICARE Operations and Patient Administration function every two weeks to revalidate their orders." **(T-3).**

2.2. Patient Travel Benefit.

2.2.1. Travel Reimbursement/Funding. For patients enrolled to an MTF, the travel benefit is administered by the MTF. For patients enrolled to a network Primary Care Manager, the TRICARE regional office administers the travel benefit. Exceptions: Travel orders and funding for AD service members must be the responsibility of the sponsor's respective Service branch. **(T-1).**

2.2.1.1. DAF MDG/MDS commander will ensure processes are in place for the accountability of patients entered into the Patient Movement system. This includes using the designated Patient Movement Automated Information Systems when transport is in excess of 100 miles for ground transportation and for all air transportation provided under the Defense Travel System IAW DoDI 6000.11.

2.2.1.2. All staff members utilizing Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC2ES) will complete a basics user course and submit a certificate of completion to obtain a TRANSCOM TRAC2ES account. Training can be requested at **transcom.scott.tcsg.mbx.gpmic-global-training@mail.mil** **(T-1).** Reference DoDI 6000.11.

2.2.1.2.1. TRAC2ES BASICS training can be accomplished three ways:

2.2.1.2.1.1. In-residence classroom training atUSTRANSCOMCommand Surgeon's Office;

2.2.1.2.1.2. Online through Joint Knowledge Online (JKO) web based training; or

2.2.1.2.1.3. In-house with a TRAC2ES Trainer that has completed the in-residence course at the USTRANSCOM Command Surgeon's Office.

2.2.1.2.2. In-residence class schedules are available by contacting the TRAC2ES training coordinator via email at **transcom.scott.tcsg.mbx.gpmic-global-training@mail.mil**

2.2.1.2.3. Funding is the responsibility of the member's unit. Reference DoDI 6000.11.

2.2.2. GSU Members. The supporting MDG/MDS commander has direct control of patient travel funding for GSU members. When it is unclear who the supporting MDG/MDS commander is, the responsibility will default to the nearest Department of the Air Force MDG/MDS commander to the member's permanent duty station, unless MAJCOM policy designates an alternative MTF to provide patient travel support. **(T-2).**

2.2.3. Non-Medical Attendant Travel. Non-medical attendants are appointed by medical authority. Local area travel/transportation expense coverage is authorized when serving as a non-medical attendant for a service member traveling on official business. Non-medical attendants assisting patients who are referred to medical facilities located beyond the local permanent duty station area will be reimbursed travel/transportation expenses in accordance with the Joint Travel Regulation. **(T-0).**

2.2.3.1. Non-Concurrent Non-Medical Attendant Travel. Non-concurrent non-medical attendant travel may be authorized or approved when the need for an attendant arises during treatment or when there is need for an attendant only during a portion of the patient's travel.

2.2.4. Civil Service Family Member of a Seriously Ill or Injured Uniformed Service Member. A civilian employee, who is authorized travel under a competent travel authorization/order as a family member of an AD service member who is seriously ill, seriously injured, or when death is imminent, is treated as an employee in a Temporary Duty (TDY) status.

2.2.5. Travel for Families of Inpatient Service Members who are Very Seriously Ill/Seriously Ill, or Hostile Not Seriously Injured. Travel for family members of inpatient service members who are Very Seriously Ill/Seriously Ill or Hostile Not Seriously Injured is governed by the Emergency Family Member Travel Program (DAFI 36-3002, *Casualty Services*, **paragraph 2.25**..). Emergency Family Member Travel Program is not funded by the MTF, it is centrally funded by the DAF, and managed by Air Force Personnel Center, Casualty Affairs Division (AFPC/DPFC).

2.2.6. Medical Referrals within the Local Permanent Duty Station Area. Travel by personally owned conveyance to obtain medical care within the local permanent duty station area is reimbursable only when a service member is ordered (see note below) to a medical facility within the local area to take a required physical or to obtain a medical diagnosis or treatment. When ordered, service members are considered to be on official business and must be reimbursed for the transportation, unless government transportation is available (see Joint Travel Regulation). **(T-0). Note:** "Ordered" in this context is defined as an order/command that could result in disciplinary action if not obeyed (e.g., commander-directed or required by regulation).

2.2.6.1. Medical Referral Travel at the Member's Expense. Travel to medical appointments within the permanent duty station other than as described in the above paragraph is generally not reimbursable.

2.2.6.2. Service members traveling on official travel orders outside the permanent duty station may be authorized travel and transportation allowances in accordance with the Joint Travel Regulation. Travel must be authorized by the proper medical authority. **(T-0).**

2.2.7. Convalescent Leave Transportation for Illness/Injury. A service member is authorized transportation allowances (without per diem) for one trip when traveling for convalescent leave for illness/injury incurred while eligible for hostile fire pay under 37 USC § 310. The convalescent travel will be funded by the fund cite on the member's deployment travel orders. **(T-1).** TDY orders are prepared by the member's unit. Additional trips, if deemed necessary by the attending physician, may be authorized through the Secretarial Process. The Secretarial Process is an action by the Per Diem Travel and Transportation Allowance Committee (PDTATAC) Principal member or a subordinate level specified by the Principal. The Secretarial Process is in administrative and procedural issuances issued under the JTR Introduction (Service or DoD Agency Regulation Review Process).

2.2.8. Travel and Per Diem Allowance. Service members traveling to a medical facility to obtain an examination or when traveling to attend a formal Physical Evaluation Board, receive travel and per diem (including meals and lodging) allowance (10 USC § 1210 and Joint Travel Regulation). The service member is authorized an escort to the place of examination when the member is not physically or mentally able to travel without assistance. Refer to Joint Travel Regulations, for additional information.

2.2.8.1. Approximately 20-30 days prior to the reporting date, Air Force Personnel Center, Disability Division (AFPC/DPFD) will send travel orders to the service member. The orders will indicate the exact date, time and place to report and includes the authority for payment of travel costs. **(T-1).**

2.2.8.2. The destination or examining medical facility will endorse the order with the date and time the service member reported as verification that the service member was examined as an inpatient or outpatient. **(T-3).** The endorsement also serves to verify the service member was released following the examination.

2.2.8.3. If the service member received an examination as an outpatient, the destination MTF must indicate whether the service member occupied government quarters during the stay. **(T-3).** The examining or destination facility must ensure the service member has an endorsed order to submit the claim for reimbursement. **(T-3)**. Upon return to the departure location, the service member is required to submit a travel voucher to their local accounting and finance office to obtain reimbursement for travel-related expenses. **(T-3).** Refer to the Joint Travel Regulation for further travel entitlement information.

2.3. Transferring Patients Through the Aeromedical Evacuation System. See DAFI 48-107V1, *En Route Care and Aeromedical Evacuation Medical Operations,* AFPD 10-29, *Worldwide Aeromedical Evacuation Operations.*

Section 2B—Quarters Administration

2.4. Quarters Status.

2.4.1. Quarters is a full duty excuse provided to AD uniformed service members receiving medical or dental treatment for a disease or injury that, based on sound professional judgment, does not require inpatient care. A quarters patient is treated on an outpatient basis, and is to

remain in their home during the quarters period. Quarters periods generally last 24-72 hours depending on the providers prescribed rest/recovery period.

2.4.2. The provider or support staff will notify the member's unit commander or commander's designee regarding the patient's quarters status. The Aerospace Services Information Management System (ASIMS) Quarters-Airman Medical Notification Module is the required mechanism for quarters notifications. **(T-1).**

2.4.2.1. Disclose only the minimum information necessary.

2.4.2.2. ASIMS automatically accounts for the disclosures at the time it is accessed by the commander or designee.

2.4.2.3. In the event that ASIMS is not available or the member is from another Service:

2.4.2.3.1. Command authority notification must be documented on DD Form 689, Individual Sick Slip, or a locally created form. **(T-3)**.

2.4.2.3.2. Forward a copy of the quarters notification or DD Form 689 to the member's unit commander or designee to receive quarters information. Provide a second copy of the DD Form 689 to the member to provide to the member's supervisor.

2.4.3. Develop local procedures for program management, including, but not limited to **(T-3)**:

2.4.3.1. Notifying Public Health for communicable disease tracking, in the event that ASIMS is not available or the member is from another Service.

2.4.3.2. Extending quarters past the initial rest period.

2.4.3.2.1. Establishing time limits on 24, 48, and 72-hour quarters. For example, when an individual is placed on 24-hour quarters, the period expires the next day at the start of patient's regular work shift not 24-hours from the time the patient was placed on quarters.

2.4.3.2.2. Equally, for 48 hours, the period extends to the start of work on the second day and for 72 hours, it extends to the start of work on the third day, not to exceed 24, 48, or 72 hours respectively. Unless instructed otherwise, clinic personnel will inform the patient to report for duty in accordance with the guidelines above.

2.4.4. Unit commanders and supervisors have the authority to grant up to 24 hours sick status at their discretion if a member's illness/injury does not require MTF intervention. If the illness/injury persists beyond 24 hours, then the commander or supervisor must refer the member to the MTF for treatment and subsequent clinical examination. **(T-3).**

Section 2C—Line of Duty Program Administration

2.5. Line of Duty Determinations.

2.5.1. Authority: DAFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*. DAFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*.

2.5.2. According to DAFI 36-2910, a Line of Duty determination "Is a finding made after a formal or informal investigation into the circumstances of a member's illness, injury, disease or death." A service member who dies or sustains an illness, injury or disease prior to service,

while absent without authority, or due to the member's own misconduct is not eligible for certain government benefits.

2.5.3. Following the start of a Line of Duty determination, initial direct care and/or TRICARE network healthcare may not be denied to any AD service member. An Air Reserve Component (ARC) service member requiring treatment for an emergency medical or dental condition while in a qualified duty status will be authorized an interim in-LOD determination unless clear and unmistakable evidence shows the condition was the result of the member's gross negligence or misconduct.

2.5.4. Following the completion of a Line of Duty determination:

2.5.4.1. Direct care and/or TRICARE network healthcare may not be denied to any AD service member regardless of Line of Duty determination.

2.5.4.2. Continued direct care and/or TRICARE network healthcare entitlements of ARC service member may be impacted by Line of Duty determinations.

2.5.5. The Line of Duty determination process is an AF/A1, Manpower, Personnel and Services, program. The AFMS is not the office of primary responsibility. However, the Line of Duty determination process is generally initiated with a medical officer's review of the member's illness, injury, disease, or death. The Line of Duty determination process must be accomplished in accordance with DAFI 36-2910. **(T-1).** Refer to DAFI 36-2910 for information regarding when to initiate a Line of Duty determination.

2.5.6. The service member's personnel status and branch of Service usually dictates what type of Line of Duty form should be used when initiating a Line of Duty determination case.

2.5.6.1. For AD DAF service members and members of the ARC, MDG/MDS providers must use the AF Form 348, *Line of Duty Determination* or AF Form 348-R, *Line of Duty Determination for Restricted Report of Sexual Assault*, for restricted reports. **(T-1).**

2.5.6.2. For service members assigned to other Service branches (i.e., United States Army, Navy, Marines), Department of the Air Force MDG/MDS providers should use the specific Service Line of Duty form or the DD Form 261, Report of Investigation Line of Duty and Misconduct Status when initiating a Line of Duty determination case.

2.5.6.3. An illness, injury, disease or death sustained by member in a duty status is presumed to be In the Line of Duty. The presumption can be rebutted when evidence shows the member was not in the Line of Duty. A Line of Duty determination case must be initiated, whether a member is hospitalized or not, for certain illnesses and injuries**. (T-2).** Refer to DAFI 36-2910, paragraph 1.6 for definitive information regarding when to initiate a Line of Duty determination for AD service members and ARC service members.

2.5.7. For AD service members, the inability to perform one's job for 24 hours or more, and the subsequent placement upon simple quarters for minor injuries and illnesses (including obstetrical quarters) will likely not require the submission of an AF Form 348 provided:

2.5.7.1. None of the mandatory circumstantial factors or Line of Duty determination/case initiation triggers identified by DAFI 36-2910 are present.

2.5.7.2. The injury or illness is minor and meets the criteria provided under the Administrative Line of Duty Determination allowances of DAFI 36-2910.

2.5.8. If an injured ARC service member is taken to a non-MTF for care, the medical officers assigned to the MTF, Reserve Medical Unit (RMU) or Guard Medical Unit (GMU) who provided the initial treatment or had first contact with the ARC service member should initiate the Line of Duty determination process.

2.5.9. The medical officer initiating the AF Form 348 will complete blocks 1-11 of the AF Form 348, sign, stamp or type printed name and title, and date the form. **(T-3).** The provider will then contact the appropriate MTF or ARC Line of Duty patient administration representative to initiate the administrative coordination process. **(T-3).** The Line of Duty patient administration representative shall ensure that all applicable supporting medical documents and/or any other medical-related incident or information reports are attached to the AF Form 348 before forwarding the package to the appropriate officials designated in DAFI 36-2910. **(T-2).** The Line of Duty administrative representative will fill in the "TO, THRU, and FROM" blocks at the top of the form. **(T-3).**

2.5.10. In cases where the healthcare provider has determined a Line of Duty determination review is required for an inpatient admission, the admitting clerk must obtain the time, place and manner of occurrence of the incident from the patient, other witnesses and/or available sources and records the information on the reverse of the AF Form 560. **(T-3).** Again, the initiating provider completes the appropriate blocks on the AF Form 348, signs the form and coordinates with the appropriate MTF or ARC Line of Duty representative. The Line of Duty representative will forward the package to the service member's Military Personnel Section. **(T-1).**

2.5.11. The MTF or ARC Line of Duty Medical Focal Point representative shall be appointed in writing by the MDG/MDS or ARC commander. **(T-3).** The Line of Duty Medical Focal Point representative is responsible for **(T-3):**

2.5.11.1. Educating MTF or ARC staff on medical responsibilities for the Line of Duty process.

2.5.11.2. Processing of all LOD paperwork within the MTF quickly and accurately.

2.5.11.3. Routing Line of Duties to the appropriate Military Personnel Section special actions unit or ARC personnel processing office in accordance with DAFI 36-2910.

2.5.11.4. Ensuring Line of Duties are initiated for local unit attached Individual Mobilization Augmentee and Participating Individual Ready Reserve reservists.

2.5.11.5. Identifying cases requiring Line of Duty and determinations for AD and ARC service members.

2.5.11.6. Ensuring the appropriate medical officer signs the AF Form 348 before distributing the AF Form 348 as follows:

2.5.11.6.1. Original: Forward the original and all supporting medical summaries and supporting documentation to the member's servicing Military Personnel Section Special Actions Office.

2.5.11.6.2. Copy: Scan/upload one copy into the member's approved electronic health record.

2.5.11.6.3. Copy: File one copy in the Line of Duty - Medical Focal Point Office.

2.5.12. Line of Duty Requirements for Members of the Reserve Component. Reference DAFI 36-2910.

Section 2D—Air Force Secretarial Designee Program Administration

2.6. Authority. Reference DoDI 6025.23. The use of regulatory authority to establish DoD healthcare eligibility for individuals without a specific statutory entitlement or eligibility shall be used very sparingly, and only when it serves a compelling DoD mission interest. **(T-0).** The Secretary of Defense and/or the Secretaries of the Army, Navy, and Air Force may designate individuals not otherwise entitled, for DoD healthcare (medical and dental) in MTFs. The Secretarial Designee Program only authorizes care within MTFs. The Secretarial Designee Program only authorizes care within MTFs. Healthcare authorized under this section shall be provided on a reimbursable basis, unless non-reimbursable care is authorized or waived by the Office of the Under Secretary of Defense for Personnel and Readiness or the Secretaries of the Military Departments as the approving authorities. **(T-0).** The level of benefit and reimbursement rate is determined by the Military Services, using Service-specific criteria. Refer to DHA-AI 6025.01, for additional information.

2.6.1. Each approved Secretary of the Air Force Designee must obtain a signed letter from the SAF/AM establishing eligibility for care. **(T-0).** Exception: When a MDG/MDS commander authorizes care for newborns of dependent daughters. The letter will include an effective date, coverage period, aeromedical evacuation/transport determination, the specific treatment or care authorized in relation to the specific medical condition/incident, and the rate (charges) for care. **(T-2).**

2.6.2. Authorization does not entitle a Designee to utilize TRICARE benefits/entitlements. Approved Designees receive space-available care at the MDG/MDS commander's determination. Unless the authorization letter specifies otherwise, individual Designees may not use the aeromedical evacuation system. If aeromedical evacuation becomes a requirement after the SAF/AM has approved the initial request, a supplemental Designee request must be submitted. **(T-2).**

2.6.3. The SAF/AM normally authorizes care for no more than six months. See **paragraph 2.7.1**, below, regarding time limitations for continuity of care.

2.6.4. Individuals being considered for Secretarial Designee status (not currently eligible for care) shall not receive treatment at Department of the Air Force MDG/MDS until Secretarial Designee status has been approved. **(T-2).** An exception to this requirement is Extracorporeal Membrane Oxygenation, or partial heart-lung bypass. In this situation, the MTF is required to initiate a verbal request via telephone communication through the Air Force Surgeon General's Medical Operations Center. **(T-2).**

2.6.5. Each application shall include a DEERS and identification check to verify the status of the patient and sponsor. **(T-2).** The DHA, MTF law consultant or base Legal Office will review applications and include the review as part of the Secretarial Designee request. **(T-3).**

2.6.6. Typically, in emergency (life, limb, eyesight, or relief of undue suffering) cases that present at an MTF, healthcare personnel can provide necessary treatment to stabilize the individual without the need to pursue a Secretarial Designation. However, for longer-term care, there could be a need to pursue approval to treat via the Secretarial Designee process.

2.7. U.S. Air Force Secretarial Designee Criteria . Individuals who meet one or more of the following criteria may apply for Secretarial Designee status through the requesting MTF.

2.7.1. Continuity of Care. If continuity of care is a significant clinical issue in the individual's course of treatment and civilian medical care is not available or appropriate, this individual may request Designee status. Care is limited to a period of six months, or in the case of pregnancy, until the completion of the pregnancy. For cases when the justification is continuity of care, the case must be medically supportable. **(T-0).** Include a statement on the medical impact if the Air Force were to deny the individual Designee status.

2.7.1.1. Obstetrics, Maternal, and Pediatric Care Sub-Category: The DHA, MDG/MDS commander or designated representative may approve Designee status for applicants identified below at the family member rate unless the Designee has other health insurance.

2.7.1.1.1. Newborns of eligible family member daughters.

2.7.1.1.2. Pregnant former AD members and their newborns.

2.7.1.1.3. Spouses of former AD and their newborns.

2.7.1.1.4. Family member dependent daughters who became pregnant prior to losing eligibility and their newborns.

2.7.1.1.5. Newborns of widows losing transitional survivor benefits.

2.7.1.2. In the case the Designee has other health insurance, the rate will be the Full Reimbursement Rate. MTF healthcare is generally limited to pre-partum obstetrical care, MTF newborn delivery, one post-partum check-up (for the mother), well baby outpatient visits for the infant and any necessary immunizations for the infant, all to be provided no later than six weeks following delivery.

2.7.2. Abused Family Members and Dependents. This section is only applicable if all or some transitional benefits are denied by the Air Force personnel or finance authorities, and/or the Defense Finance and Accounting Service. If all or some transitional benefits, discussed in DAFI 36-3012, are denied, a discharged or separated service member’s family member/dependents may apply for consideration of limited (MTF direct care only) medical benefits under the Secretarial Designee program. Approval is not guaranteed. If approved, healthcare is specifically limited to medical services necessary to treat injuries or illnesses suffered as a direct result of the sponsor’s abuse.

2.7.2.1. Notification or receipt of denial of transitional compensation benefits (from the installation Military Personnel Section or Finance Office) does not obligate the MTF to submit a Secretarial Designee application on behalf of the abused family member(s). **(T-2).**

2.7.2.2. Confirmation of this action must be coordinated with the abused family member dependent(s) or legally authorized representative(s). **(T-0)**. The MTF location responsible for assembling the Secretarial Designee package should include the standard application package documentation and, to include the application letter and medical summary or statement that clearly identifies the medical illness, injury or condition (related to, or as a consequence of abuse) for which military healthcare is requested.

2.8. Applying for Air Force Designee Status. When evaluating a Designee application, MDG/MDS commanders should consider the availability of MTF capabilities and resources. If

adequate capabilities exist, and the applicant does not meet or qualify for any initial or continued sponsor service affiliation for DEERS enrollment, eligibility, and/or medical entitlement identified in DAFI 36-3026V1, then the MDG/MDS commander should review and sign the application package recommending whether or not Designee status is warranted. The package is then forwarded to SAF/AM for processing. The MDG/MDS shall electronically submit (via e-mail encryption) a Secretarial Designee application to SAF/AM no later than 30 days prior to expiration of medical benefits or requested Designee start date. **(T-2).** The 30-day window allows enough coordination time to submit the Secretarial Designee application to the SAF/AM for review and approval consideration.

2.8.1. If the request pertains to a sponsor or member who is due to separate and/or be discharged from the Air Force, the request package must include a copy of the sponsor's or member's separation orders and DD Form 214, *Certificate of Release or Discharge from Active Duty*, and the line of duty determination for ARC service members, when applicable **(T-3).**

2.8.2. The respective MAJCOM command surgeons are authorized to reject applications that do not meet the requirements identified in this chapter. Applications that are denied or rejected by the MAJCOM command surgeon do not need to be routed through or submitted to the SAF/AM. Ensure request packages are accurate, current and contain all necessary supporting documentation.

2.8.3. The Secretarial Designee approval letter must contain the designee's name, eligibility duration, designation criteria being met, aeromedical evacuation determination, reimbursement rate, statement limiting care to MTF authorized care only for the specified illness or injury and any applicable third party insurance. **(T-1).**

2.8.4. The determinations of all designee cases and respective application packages submitted to and returned from the SAF/AM will be returned to the MDG/MDS and/or MAJCOM so the individual can be notified. MTF will file a copy of the letter in the individual's outpatient medical record. (**T-3).**

Section 2E—Exceptional Family Member Program

2.9. Exceptional Family Member Program (EFMP). MTFs will standardize the location of Exceptional Family Member Program enrollment and relocation clearance functions within Medical Management offices. **(T-1).** Refer to AFI 40-701 for additional information.

2.10. Family Member Relocation Clearance Coordinator (FMRCC). The individual responsible for ensuring administrative process requirements are met is the Family Member Relocation Clearance Coordinator. Refer to AFI 40-701 for additional information.

Section 2F—Admissions and Dispositions Program Administration

2.11. Responsibility for Admission Processing. Unless otherwise specified, Patient Administration is responsible for administrative needs required for the admission and disposition of patients.

2.12. Administrative Admission and Disposition Requirements. The Admissions and Dispositions Office will verify authorized eligibility for healthcare for 100% of inpatient admissions.

2.12.1. For all admissions, verify patient eligibility for healthcare and enter the patient's demographic and personal data in the electronic healthcare record.

2.12.2. Notify the military patient's commander, first sergeant or other appropriately appointed commander's designee of member's admission. All disclosures of PHI to commanders will be tracked in accordance with HIPAA. **(T-0)**

2.12.3. Determine at the time of admission if the patient will opt in or opt out of the Facility Directory and make appropriate documentation.

2.12.4. If communication with the member's commander, first sergeant, or other appropriately appointed commander's designee is not possible, then contact the service member's installation command post or installation operations/control center. Release only sanitized healthcare information to the member's installation command post or control center staff.

2.13. Assuming Administrative Responsibility for AD DAF Members Hospitalized in Non-Military Medical Facilities also known as Absent Sick Status.

2.13.1. The MDG/MDS commander at the nearest Air Force-led MTF shall assume the primary administrative support responsibility (including appropriate service member identification, monitoring, "tracking," clinical secondary support, advice, analysis, and/or consultation) for any AD DAF service member referred to, hospitalized, or admitted to a non-military medical facility. **(T-1).**

2.13.2. If necessary, the nearest Air Force-led MTF shall serve as an information conduit between the civilian or non-military medical facility, the service member's family, and the service member's chain of command. **(T-1).**

2.13.3. Each MDG/MDS TRICARE Operations and Patient Administration function or Admissions and Dispositions Office is responsible for identifying and tracking each known Department of the Air Force AD DAF service member hospitalized or admitted to a civilian or non-military medical facility. Established or perceived geographic boundaries, TRICARE Prime Service Areas, or other distance or mileage restrictions or arguments, shall not relieve an MTF from its obligation to identify, monitor, track, or support a hospitalized Airman/Guardian unless another Air Force MDG/MDS, has, or will assume primary administrative support responsibility. **(T-1).** Support obligations may extend hundreds of miles if no other Air Force MDG/MDS exists in a particular region or if no other Air Force MDG/MDS has been identified as having primary administrative support responsibility.

2.13.4. All known DAF Wounded Warriors will be identified, tracked, and supported by the nearest Air Force MDG/MDS. **(T-3).**

2.13.5. Any seriously ill or injured AD DAF service members will be identified, tracked, and supported by the nearest Air Force MDG/MDS. **(T-3).**

2.13.6. All AD DAF service members referred from the MTF to a civilian or non-military medical facility will be monitored and tracked. **(T-3).**

2.13.7. The nearest MTF should recommend to the hospitalized AD DAF service member that an information release authorization should be signed to allow the civilian or non-military medical facility to disclose treatment information to the supporting MTF.

2.13.8. Obtain full patient identification from the civilian or non-military medical facility and promptly notify the patient's unit commander by telephone with the patient's name and location.

2.13.9. When possible, obtain comprehensive medical information regarding the AD DAF service member's condition. A complete summary of the patient's treatment while under the care of the civilian healthcare provider is required after the patient has been discharged.

2.13.10. When no MTF has assumed administrative support responsibility, Air Force points of contact at DHA-Great Lakes should contact the MTF located nearest to the AD DAF service member's location if DHA-Great Lakes received information from:

2.13.10.1. The admitting civilian or non-military medical facility

2.13.10.2. The TRICARE managed care support contractor or regional office

2.13.10.3. An AD DAF service member's family member.

2.13.10.4. Other sources of information.

2.13.11. When hospitalized at a uniformed services treatment facility or VA hospital, the nearest MTF assumes administrative support responsibility. The responsible MTF will arrange for a transfer to a MTF when it is safe to transport the service member. **(T-2).**

2.13.12. If the service member is referred to a Uniformed Services Treatment Facility or VA hospital, the referral MTF maintains administrative support responsibility.

2.13.13. Unit commanders must notify the nearest Air Force MDG/MDS and the DHA-Great Lakes (1-888-647-6676) as soon as possible if one of the commander's unit members in the following categories is hospitalized in a civilian or non-military medical facility:

2.13.13.1. ARC service members (related to an In-Line-of-Duty occurrence or incident),

2.13.13.2. AD DAF service members assigned to GSU,

2.13.13.3. TRICARE Prime Remote AD DAF Service Member.

2.14. Assuming Administrative Responsibility for AD Department of the Air Force Members Hospitalized in DoD Facilities.

2.14.1. The nearest Air Force MDG/MDS commander assumes administrative responsibility and Patient Administration staff ensures that the following procedures are carried out for DAF personnel hospitalized in Army- or Navy-led MTFs:

2.14.1.1. Facilitates necessary communication between members' unit commander, and officials at the Army- or Navy-led MTF. All disclosures of PHI to commanders will be tracked in accordance with HIPAA. **(T-0).**

2.14.1.2. Keeps rosters and pertinent data on hospitalized DAF patients and notifies the members' unit commander immediately upon notification.

2.14.1.3. Prepares AF Form 348, when applicable, in accordance with DAFI 36-2910.

2.14.1.4. Notifies the base occupational safety officer in accident cases.

2.14.2. Within the CONUS, patients may be administratively assigned or attached to the closest Air Force MDG/MDS Airman and Guardian Medical Transition Unit nearest to the Army- or Navy-led MTF providing medical care.

2.14.2.1. The AGMTU closest to the Army or Navy MTF providing medical care serves as the admitted member's local representative for all patient administration-related matters.

2.15. Admitting Generals/Admirals (Flag Officers), Colonels, and Prominent Persons. All disclosures of PHI to commanders will be tracked in accordance with HIPAA. **(T-0).**

2.15.1. Terms:

2.15.1.1. General Officer (GO)/Flag Officer (FO): Includes all AD, ARC (of any Uniformed Service branch), and foreign general flag officers (O-7 and above).

2.15.1.2. Colonel: Applies only to AD DAF colonels that are Seriously Ill /Very Seriously Ill (SI/VSI), expected to be hospitalized for a non-scheduled emergency hospital stay greater than 10 days, or any DAF colonel provided a profile change for any serious medical or surgical condition affecting the member's assignment availability or command obligation. This reporting rule also includes any AF Medical Service (AFMS) colonel (Biomedical Sciences Corps (BSC), Dental Corps (DC), Medical Corps (MC), Medical Service Corps (MSC), and Nurse Corps (NC)) who has been admitted as an inpatient under emergent circumstances.

2.15.1.3. Prominent Persons:

2.15.1.3.1. Senior Executive Service (SES) federal civilian officials, political officials or officers, high-ranking public officials, federal judges who are expected to be hospitalized for a non-scheduled, emergency hospital stay greater than 10 days. Notifications for persons in this category require the patient's authorization.

2.15.1.3.2. AD DAF Chief Master Sergeants (SI/VSI) requiring an unscheduled emergency hospitalization exceeding 10 days, or those with a permanent profile change affecting assignment availability or leadership duties. This includes the Chief Master Sergeant of the Air Force, the Chief Master Sergeant of the Space Force, and any AD Chief Master Sergeants admitted as inpatients under emergent circumstances.

2.15.1.4. Admission and Extended Ambulatory Care: Admission to a MTF, non-federal hospital, or any facility for which the nearest MTF assumes administrative responsibility. This includes inpatient units and other extended care services (e.g., ambulatory patient visits, observation and partial hospitalization).

2.15.1.5. Information Conduits: Command Posts, Operations Centers at the installation or MAJCOM level.

2.15.2. Local and MAJCOM notification procedures when a General/Flag Officer, Colonel, or Prominent Person (fitting the description listed in the above paragraphs), is admitted.

2.15.2.1. The Admissions and Dispositions Office (or similar Patient Administration office) will contact the MDG/MDS commander and provide sanitized information regarding the admission**. (T-1).**

2.15.2.2. The MDG/MDS commander (or designee Patient Administration office) will contact the local base or wing command post and the command post or operations center of the admitted military official. Provide only sanitized information. **(T-2).**

2.15.2.3. The MDG/MDS commander will contact their MAJCOM command surgeon. **(T-2).**

2.15.2.4. Notifications will be made as soon as possible, no later than 12 hours after admission or initial treatment. **(T-2).**

2.15.3. HQ USAF Notification Procedure when a General/Flag Officer, Colonel or Prominent Person is admitted or remains in the MTF.

2.15.3.1. Inpatient/bedded MTFs MDG/MDS commanders will contact their MAJCOM command surgeon and the AF Medical Operations Center at the Pentagon, NIPR Org Box: **AF.A3.AFCAT.Surgeon.General@us.af.mil**. **(T-2).**

2.15.3.2. Provide sanitized information to the MAJCOM command surgeon and the AF/SG Medical Operations Center. Include telephone callback numbers so they can obtain comprehensive medical information as needed.

2.15.3.2.1. In unusual circumstances, if the MDG/MDS commander determines the AF/SG should be notified during non-duty hours, call the DAF Service Watch Cell, DSN 227-6103, commercial (703) 697-6103.

2.15.4. AF Medical Operations Center Responsibilities:

2.15.4.1. Medical Operations Center personnel will create two word-processing (letter) documents from the information. **(T-1).**

2.15.4.1.1. The first document includes sanitized information only.

2.15.4.1.1.1. The sanitized information document is transmitted, in password protected or encrypted mode only, to the Chief, Air Force General Officer Matters Office (GOMO) via the Pentagon e-mail address.

2.15.4.1.1.2. The AF/SG, AF/DSG, or their representative will receive the information via live brief or password-protected/encrypted electronic format and provide it to the Chief of Staff, United States Air Force (CSAF) and the Chief of Space Operations (CSO) respectively. **(T-1).**

2.15.4.1.1.3. If the document contains information regarding any colonel that has been admitted or treated and meets the criteria indicated above, the password protected or encrypted electronic transmission will be provided to the Air Force Colonel Matters Office Support Division **(T-1).**

2.15.4.1.2. The second document will include comprehensive medical information and be provided only to AF/SG, AF/DSG or a representative. **(T-1).**

2.16. Reporting Aircraft Accident Admissions.

2.16.1. For specific instructions, see DAFI 91-204, *Safety Investigation and Reports Hazard Reporting*. The MDG Chief Aerospace Medicine (MDG/SGP) makes initial notification to the MAJCOM command surgeon. The command surgeon of the MAJCOM the aircraft is assigned

to notifies AF/SG3P, DSN 761-7242 or DSN 761-7616, commercial 703-681-7616) of any admission resulting from an aircraft accident (regular DAF, AFR, or ANG).

2.16.2. Provide the diagnosis, estimated period of hospitalization, and probable disposition of personnel.

2.16.3. During regular duty hours, notify AF/SG3P (Aerospace Medicine) by telephone. After duty hours, notify AF/SG Duty Officer through, DSN 227-9075 or commercial (703) 697-9075. The MAJCOM command surgeon is required to provide the date of the victim's initial clinic visit, diagnosis, estimated period of treatment, and the probable disposition of all personnel who are examined or received treatment for injuries incurred as a result of an aircraft accident.

2.17. Managing Military Patients Expected To Be Hospitalized Over 90 Days.

2.17.1. MTF staff must notify the patient's servicing MTF and Military Personnel Section when a patient will be reassigned or hospitalized over 90 days. **(T-2).**

2.17.2. For patients hospitalized while traveling to a CONUS port for permanent change of station overseas, the staff at the admitting MTF must advise the local Traffic Management Office and Military Personnel Section of the patient's hospitalization and the expected duration. **(T-2).**

2.18. Deployed Military Members who are Aeromedically Evacuated from Contingency Operations to CONUS MTF.

2.18.1. Deployed DAF service members (on Contingency, Exercise, Deployment (CED) orders) who are aeromedically evacuated to a CONUS MTF from a Contingency Area of Responsibility (for example, from Landstuhl Regional Army Medical Center to Walter Reed National Military Medical Center will remain on CED orders until returned to their home station (permanent duty station). **(T-1).** Medical TDY orders will not be prepared. **(T-1).** The member's per diem is covered by their CED orders.

2.18.2. CED orders will be extended, if necessary, until the member returns to their home station. **(T-2).**

2.18.3. Ambulance Transport for members on CED orders is funded by Defense Health Program Overseas Contingency Operations (OCO) Supplemental Funds.

2.18.4. Travel per diem expenses of DAF members transported from a MTF to a Comprehensive Care Facility are covered by member's (CED) orders.

2.18.5. Travel and per diem expenses of DAF members transported from a MTF to home station is covered by member's CED orders.

2.18.6. Travel and per diem expenses of DAF members from home station MTF to a referral facility, refer to Patient Travel section in this publication.

2.19. Inpatient Disposition Procedures.

2.19.1. Disposition of Prisoner Patient. When discharging prisoner patients, Federal Bureau of Prisons exercises administrative control over prisoners confined in a DoD regional or long-term corrections facility. This agency's responsibility extends to all matters except clemency,

parole, restoration to duty and enlistment. When a prisoner is under the administrative control of the DAF, the DAF is responsible as follows:

2.19.1.1. If a prisoner, whose sentence includes an executed punitive discharge, has a disabling condition (including psychosis requiring closed unit treatment), hospitalize the prisoner at the nearest DoD hospital which can provide the required care. Move the patient in accordance with DAFMAN 31-115V1, *Department of the Air Force Corrections System.*

2.19.2. Discharging Corrections Patients with Communicable Diseases. Notify Force Health Management if a patient has a communicable disease when the term of service ends and if the patient elects to separate and be discharged from the hospital.

2.19.3. Discharging AD DAF Patients with Terminal Illness.

2.19.3.1. Final decision on the discharge of the patient depends on MTF capability, demand for services and humanitarian considerations.

2.19.3.2. If the AD DAF terminal patient is referred to the Physical Evaluation Board, follow the procedures in DAFI 36-3212.

2.19.4. Discharging Patients Absent Without Leave (AWOL). Report a military patient who is AWOL from a medical facility to the individual's servicing Military Personnel Section. Do not carry AWOL patients on the Admissions and Dispositions Office list or the census reports more than 10 days. Close out the medical records after 10 days. Under this section, all disclosures of PHI to commanders will be tracked in accordance with HIPAA. **(T-0).**

2.19.5. Discharging Patients through action by Medical Evaluation Board and Physical Evaluation Board. See DAFI 36-3212.

2.19.6. Retention of Enlisted or Officer Patients Beyond the Discharge Date. See DAFI 36-3211*, Military Separations.*

2.19.7. Discharging Persons Refusing Professional Care. Notations are placed in the health record documenting the refusal and explaining the risks of refusal that were provided to the patient. Beneficiaries are encouraged to sign the notation.

2.19.7.1. As set forth in DAFMAN 48-108, *Physical Evaluation Board Liaison Officer (PEBLO) Functions; Pre-Disability Evaluation System (DES) and Medical Evaluation Board (MEB) Processing*, *para. 3.10.8,1*. service members who refuse service for required professional, medical, dental or other necessary care may be required to undergo MEB processing.

2.20. Convalescent Leave. Initiate convalescent leave for military patients in accordance with DAFI 36-3003. Convalescent leave is not to be used as an alternative for placing a member in an excused from duty status or when an individual could instead be returned to limited duty without adversely affecting full recovery. **(T-1).**

2.20.1. MDG/MDS commanders may recommend convalescent leave up to a total of 90 days for a single period of hospitalization. Convalescent leave over 30 days requires additional medical review and consent with the exception of obstetrical leave. More than 90 days requires MAJCOM Chief of Aerospace Medicine (MAJCOM/SGP) approval or National Guard Bureau Surgeon General (NGB/SG) for ANG. **(T-2).**

2.20.2. Per DAFI 36-3003, *Military Leave Program*, Maternity Convalescent Leave is limited to a covered Service member birthparent after a qualifying birth event. It is limited to 42 days of non-chargeable leave, unless additional Maternity Convalescent Leave is specifically recommended, and must be taken prior to any caregiver leave (for a maximum of 84 days in conjunction with Primary Caregiver Leave). **(T-1)**.

2.20.2.1. In cases where a baby is stillborn, the member suffers a miscarriage/termination, or where the baby is given up for adoption immediately following birth, unit commanders will grant convalescent leave, other than Maternity Convalescent Leave, up to 42 days, based on the patient-specific time of gestational age of the fetus, as noted in **Table 2.1**., RECOMMENDATIONS: Convalescent Leave after Perinatal Loss. **(T-1)**.

2.20.2.2. **Table 2.1** provides a guide regarding convalescent leave.

2.20.2.2.1. Provider convalescent leave recommendations shall also be guided by best clinical judgment, however, they are recommended to be no less than the time periods as listed in **Table 2.1**. **(T-1)**.

Table 2.1. Recommendations: Convalescent Leave after Perinatal Loss.

GESTATION (WEEKS + DAYS)	CONVALESCENT LEAVE RECOMMENDATION	PROFILE RECOMMENDATION	COMMENTS
First Trimester Less than or equal to twelve weeks and zero days (≤ 12+0)	7 days	60 days no Physical Fitness Testing (PFT)	With or without surgical intervention
Second Trimester Twelve weeks, one day to sixteen weeks, zero days (12+1 – 16+0)	14 days	180 days no PFT testing	With or without surgical intervention

Second Trimester Sixteen weeks, one day to nineteen weeks, six days (16+1 – 19+6)	21 days	180 days no PFT testing	In accordance with DAFI 34-160 and the commonly used definition for 'fetal death', if neonate is >20+0 weeks gestation OR has a fetal weight of 350 grams or more, mother should receive 42 days of convalescent leave. In cases of multiple pregnancies (such as twins or triplets), if one fetus meets the fetal weight of 350 grams or more, mother should receive
			42 days convalescent leave.

Second Trimester Twenty weeks, zero days to twenty seven weeks, six days (20+0 – 27+6)	42 days	365 days no PFT testing	Intentionally left blank
Third Trimester Twenty eight weeks, zero days to term (28+0 – term)	42 days	365 days no PFT testing	Intentionally left blank
Baby born alive at any gestation	42 days	Intentionally left blank	Qualifying birth event – mother would receive Maternity Convalescent Leave

2.20.3. Recommendations for convalescence are also used for outpatients (without related inpatient episode) when the medical condition warrants it.

2.21. Reporting Patients in Casualty Status.

2.21.1. MTF reporting procedures for DAF patients placed in a casualty status will follow the guidelines set forth in DAFI 36-3002 and DHA-AI 6025.18.

2.22. Policies Regarding Deaths.

2.22.1. See DAFI 34-160 and DHA-AI 6025.18, for instructions on preparing, inspecting and shipping remains and completing related forms and reports.

2.22.2. Reporting Deaths. The MDG/MDS commander reports deaths as required by DAFI 36-3002 and DHA-AI 6025.18 when a person dies at an Air Force-led MTF or enroute to the MTF.

2.22.3. Deceased Patient Kit.

2.22.3.1. Local or state law may require the local medical examiner or coroner to respond for each fatality that occurs on a military installation.

2.22.3.2. The response may include managing, reviewing or pronouncing death in these cases. Sometimes these responsibilities are deferred to the installation MTF. Such deferrals are more likely when no suspicious circumstances exist that require an investigation by the local medical examiner or coroner. These deferrals are also more likely when the MTF has histopathology or postmortem examination capability.

2.22.3.3. To adequately prepare for any contingency, each non-bedded Air Force-led MTF is required to compile and maintain at least five pre-positioned death processing packages. Each package will contain all of the forms and documents (described below).

2.22.4. When the MTF is required or authorized to officially respond and process a human being's death occurring on a military installation, each package will be used to document the fatality whether the death occurred in the MTF or elsewhere on the military installation.

2.22.5. Inpatient MTFs will maintain a minimum of ten packages. The packages should be kept in a central location such as the TRICARE Operations and Patient Administration Flight, Admissions and Dispositions Office, or the emergency department. Each package shall contain, at a minimum, the following forms. **(T-1).**

2.22.5.1. SF 503, Medical Record-Autopsy Protocol.

2.22.5.2. SF Form 523, Authorization for Autopsy.

2.22.5.3. SF Form 523A, Disposition of the Body.

2.22.5.4. AF Form 146, *Death Tag*.

2.22.5.5. AF Form 570, *Notification of Patient's Medical Status*.

2.22.5.6. DD Form 93, Record of Emergency Data.

2.22.5.7. DD Form 2674, Record and Receipt of Deposits and Withdrawals of Safekeeping Funds.

2.22.5.8. DD Form 3045, Statement of Dispositions of Military Remains.

2.22.5.9. AF Form 1122, *Personal Property and Personal Effects Inventory*.

2.22.5.10. Death Certificate (Issued by state. If overseas use, DD Form 2064).

Section 2G—Airman and Guardian Medical Transition Unit (AGMTU).

2.23. The Electronic Health Record for Service Members Assigned to Sensitive Duties.

2.23.1. MDG/MDS commanders must be familiar with health record management practices applicable to members in the Sensitive Duties Programs. **(T-2)**

2.23.2. Service Members in Sensitive Duties Programs may be temporarily or permanently decertified, suspended, or removed from their positions based on medical, dental, mental health status, or prescribed medications. These programs include the Personnel Reliability Assurance Program, Presidential Support Program, or other sensitive duty national security programs. Notifications must be sent by the MDG/MDS competent medical authority to individual unit commanders or installation operational assurance officials. **(T-1).** These notifications must include the service member's health status, operational capabilities/limitations, and fitness for duty following each patient encounter. **(T-1)** Proper notifications and documentation (either electronic or written) must be uploaded to the service member's outpatient medical electronic health record or filed in their dental treatment record. **(T-1)**

2.23.3. Exception for Sensitive Duties Program Participants. Service members assigned to a GSU may need their original Service Treatment Record to remain at the unit to maintain participation in Sensitive Duties Programs. If required, outpatient medical and dental records must be stored securely by the unit commander in a locked container behind at least one locked door during non-duty hours. Access is restricted to the commander and the designee overseeing programs like Personnel Reliability Assurance, Presidential Support, and FLY Programs. For example, service members assigned to remote Munitions Sites (MUNS) GSU in USAFE-

AFAFRICA may require this arrangement. The nearest Air Force MDG commander, and GSU commander must ensure mechanisms are in place for adding medical documentation from civilian facilities to the Service Treatment Record and that health records comply with this manual. **(T-3)**.

2.23.4. The AGMTU provides leadership, complex case management, and comprehensive transition planning to support wounded, ill, or injured Airmen and Guardians during their recovery, rehabilitation, and reintegration. To ensure standardized processes and consistent care, this DAFMAN, by order of the Air Force Surgeon General, states that AF MDGs/MDSs should utilize the AGMTU Handbook. This guidance applies to all AF MDGs and MDSs, and the MAJCOM/SG retains waiver authority for this requirement.

2.24. AGMTU Assignment.

2.24.1. This section establishes the authority to administratively attach (TDY) or assign (PCS) DAF service members to an MTF within an Air Force medical unit for the purpose of receiving medical care. Roles and responsibilities for each AGMTU team member are outline in the AGMTU Handbook. The Handbook describes roles, responsibilities, and standard processes pertaining to the AGMTU and is located on the AF Support Operations (AF/SG3S) AFMS KX website at Airman and Guardian Medical Transition Unit (health.mil). It is expected that personnel will utilize the processes and procedures in the AGMTU Handbook to ensure consistent and high-quality care **(T-1)**.

2.24.2. Care will not be delayed for the purposes of completing documentation for an AGMTU assignment, even when that is a likely outcome. Chief of Medical Staff (SGH) coordination is required prior to initiating an attachment TDY to an AGMTU. Prior to placing a service member in TDY status, the service member's home MTF should notify the accepting/gaining SGH, Healthcare Operations Squadron (HCOS) commander, and the Physical Evaluation Board Liaison Officer (PEBLO) at the gaining MTF of the service member's status and anticipated length of treatment. Unless a PCS action occurs, the service member remains assigned and accountable to their home unit and the associated MTF PEBLO. Generally, an attachment TDY to an AGMTU will be limited to the following situations:

2.24.2.1. Required medical care is not available in the service member's local or regional areas.

2.24.2.2. There is reasonable medical evidence which suggests the service member is expected to return to home station duty.

2.24.2.3. Immediate and/or urgent medical care or evaluation is required.

2.24.3. Attachment TDY to an AGMTU: MDG/MDS commanders may publish TDY orders to move patients between MTFs. The patients may be temporarily attached to an MTF AGMTU while in a medical TDY status, but remain assigned to their home unit. Following TDY medical treatment, the AGMTU commander will return the Airman/Guardian to the member's home unit commander. Attaching DAF patients to an AGMTU does not require AFPC/DPMNR approval; however, AFPC/DPMNR can be consulted for lengthy TDYs or if TDY turns into a PCS.

2.24.3.1. TDY exceeds or is expected to exceed 20 days.

2.24.3.2. Delivery of care while a service member is TDY shall take place at or near a USAF or USSF installation with a permanent AGMTU [Note: medical TDY of short duration (e.g. < 20 days), for routine evaluations or assessments in the absence of other factors identified below may not always warrant AGMTU Attachment (TDY)]. See AGMTU Handbook for permanent locations.

2.24.3.3. A Service member's Home Station Primary Care Manager (PCM), Medical Management Team member, or SGH determines if the condition is high acuity. Examples requiring treatment while TDY include, but are not limited to, advanced stage cancer and polytrauma requiring extensive treatment/rehabilitation.

2.24.3.4. Service member's Home Station PCM, mental health provider or SGH identify and communicate to receiving provider(s) at TDY location all risk factors requiring close oversight and coordination of care during TDY. Examples include, but are not limited to, current or history of traumatic brain injury, current or history of substance use disorder, current or history of suicidal ideation or attempt, TDY for mental health and/or substance use disorder partial hospitalization program, or TDY for mental health and/or inpatient hospitalization.

2.24.3.5. Required by law or regulation [Note: when a service member is sent to a civilian facility as an inpatient, TRICARE Operations and Patient Administration at the service member's home station is required to send Absent Sick notification to the nearest MTF].

2.24.3.6. Comments by the service member's Commander or any member of the service member's warfighter care team that it would be in the service member's best interest to attach to a AGMTU while receiving treatment in a medical TDY status elsewhere shall be taken under consideration. **(T-3).**

2.24.4. An AGMTU can be established at any Air Force MDG/MDS regardless of size. When AFPC/DPMNR assigns/directs a service member to an AGMTU, the member is relocated via official orders in either PCS or Permanent Change of Assignment (PCA) capacity. The MDG/MDS commander shall assume assignment and command authority over officers and enlisted members assigned to this unique unit. **(T-1).** The MDG/MDS commander may appoint an officer under the commander's command to serve as the AGMTU commander.

2.24.5. Wing commander (or equivalent) will establish a process to receive monthly updates on AGMTU members, and regardless of AGMTU status, appoint members to an installation A-team. The Wing Commander (or equivalent) will initiate an A-Team to support Airmen and Guardians who are given temporary duty orders or for those who are permanently assigned to an AGMTU. To ensure effective delivery of care and support, A-Team members will be identified and can include: Healthcare Operations Squadron Commander (or other AGMTU commander as determined by the MDG/MDS commander), First Sergeant, Family Liaison Officer, Patient Liaison, Case Manager, Physical Evaluation Board Liaison Officer (PEBLO), and representatives from Base Support Agencies including, but not limited to, Comptroller Squadron, Military Personnel Flight, Military & Family Readiness Flight, Wing Judge Advocate Office, and Logistics Readiness Squadron. A-team position roles must be identified at all DAF installations hosting an MTF that could receive Airmen/Guardian Medical Transition Unit patients, regardless of size. **(T-3).**

2.24.5.1. On behalf of the Wing Commander (or equivalent), the MDG/MDS commander identifies and appoints Department of the Air Force (DAF) MTF service members to the installation A-Team and assigns operational roles to the appointed DAF MTF service members.

2.24.5.2. A-Team members will be identified and include: HCOS Commander (or other AGMTU Commander as determined by the MDG/MDS Commander), First Sergeant, Family Liaison Officer (IAW DAFI 34-1101 para 9.2 and 9.3), Patient Liaison, SGH/Chief Medical Officer/designated medical liaison, PEBLO, and representatives from base support agencies including, but not limited to, Comptroller Squadron, Military Personnel Flight, Military & Family Readiness Flight, Wing Judge Advocate Office, and Logistics Readiness Squadron. A-Team position roles must be identified at all DAF installations hosting an MTF that could receive AGMTU patients, regardless of size. **(T-3).**

2.24.5.3. The appointed AGMTU commander assumes administrative oversight and the Uniformed Code of Military Justice authority for assigned patients who have been assigned (PCS/PCA). The Uniformed Code of Military Justice authority for patients attached via medical TDY remains with the home unit.

2.24.6. Permanent AGMTUs utilize established processes and resources. The DAF MDG/MDS commander will establish and designate temporary AGMTUs as a section within the TRICARE Operations and Patient Administration (TOPA) flight or a flight under the squadron housing the TOPA flight.

2.24.6.1. AGMTU commander shall ensure staff orientation completed by all personnel upon appointment to installation A-Team, with assignment of AGMTU operational roles. **(T-3).** AGMTU commanders establish a process to verify completion of staff orientation prior to receiving a service member into the AGMTU at their MTF.

2.24.6.2. AGMTU commander ensures an annual AGMTU Tabletop Exercise is completed with prescribed checklist in AGMTU Handbook using approved CONOPS. **(T-1)**.

2.24.7. Assignment (PCS or PCA) to an AGMTU. AFPC/DPMNR is the sole approving authority for Active Duty DAF AGMTU PCS or PCA assignments and will base assignments on current AF/SG and AFPC policy. Generally, assignment to an AGMTU will be limited to the following situations:

2.24.7.1. Required medical care is not available at the service member's local MTF or in the local or regional areas.

2.24.7.2. The incapacitated service member is unable to serve the current line unit in any capacity and is not likely to be retained on active duty in continued military service.

2.24.7.3. When hospitalization beyond the service member's date of separation is expected. Contact AFPC/DPMNR to request a Medical Hold.

2.24.7.4. For overseas service members, when hospitalization beyond the member's Date Eligible for Return from Overseas (DEROS) is expected.

2.24.7.5. When a service member undergoes prolonged and/or intensive treatment requires proximity to a family support network.

2.24.8. SGH at the sending/losing MTF utilize approved templates, located in AGMTU Handbook, and processes to attach (medical TDY) or assign (PCS or PCA) service members to an AGMTU at the receiving/gaining MTF on a DAF installation. **(T-1).** These templates and processes facilitate communication and a warm hand-off of critical information including, but not limited to medical history, treatment plan, and unique requirements.

2.24.9. For situational awareness and support, the AGMTU commander shall notify the Wing commander (or equivalent) when service members are assigned or attached to the AGMTU. **(T- 3).**

2.24.10. Special Circumstances.

2.24.10.1. Officers pending judicial or adverse administrative action may not be assigned to an AGMTU unless approved by the court-martial convening authority or discharge authority.

2.24.10.2. Enlisted members pending judicial or adverse administrative actions attached (medical TDY) or assigned (PCS) without PCA to the AGMTU unless PCA approved by the court- martial convening or discharge authority. The AGMTU commander in each case above may become the notifying commander for the judicial or adverse administration actions. **(T-3).**

2.24.10.3. PCS action does not apply to ARC members who may travel to a MTF to receive Line of Duty related, pre-MEB diagnostic treatment, and/or MEB case processing. While at the MTF, ARC service members are considered attached to the MTF.

2.24.10.4. Service members in a non-Air Force-led MTF who meet requirements for assignment to an AGMTU will be attached to the nearest Air Force MDG/MDS AGMTU. For guidance, contact AFPC/DPMNR.

2.24.11. When AFPC/DPMNR dispositions (makes a determination) the case of a member currently assigned to an AGMTU, and the member is found to meet medical retention standards, AFPC/DPMNR will notify the appropriate officer or enlisted assignment department at AFPC to send a message to the local Military Personnel Section with assignment instructions. Note: Service members must meet minimum PCS retainability requirements. **(T-2).**

2.24.12. Service members are not retained as hospital patients for rehabilitation in order to gain retention on active duty.

2.24.13. Service members are not placed in an AGMTU in order to preserve terminal leave or otherwise to retain a member beyond the member's date of separation or retirement without specific guidance from AFPC/DPMNR. Once a service member is placed on terminal leave, the member is not permitted to change duty status without prior approval for medical hold or approval from DPMNR for a non-emergent procedure.

2.24.14. A service member is not placed in the AGMTU when an LOD determination (formal or informal) is pending.

2.24.15. When a service member is undergoing pre-DES screening or DES processing, and is assigned (PCS) to an AGMTU, the losing commander will send a Commander's Impact Statement (CIS) to the gaining AGMTU commander. **(T-3).** The gaining AGMTU commander retains this document as a record of the service member's performance in their primary Air

Force Specialty Code (AFSC). Once a service member is assigned (PCS) to an AGMTU, their AFSC becomes 9P000 (Patient).

2.24.16. AGMTU Staff Responsibilities.

2.24.16.1. Verify the TDY/PCS orders of each patient to ensure proper assignment and attachment and assist the patient in correcting errors. **(T-3).**

2.24.16.2. Notify the First Sergeant of newly assigned or attached personnel. **(T-3).**

2.24.16.3. Assist the patient with unit, group, and wing in-processing requirements. **(T-3).**

2.24.16.4. Refer the patient to case management and other departments as appropriate. **(T- 3).**

2.24.16.5. Ensure the patient is briefed on entitlements by responsible support agencies. **(T-3)**

2.24.16.6. Provide appropriate updates on the patient's status to the AGMTU commander and Chief of Medical Staff. If the patient is attached (medical TDY), keep the home unit updated on the patient's status. **(T-3).**

2.24.16.7. Maintain accountability and tracking of all personnel assigned and attached.

2.24.16.8. Assist, as necessary, with lodging and resolving related issues. **(T-3).**

2.24.16.9. Assist, as necessary, with pay and finance issues. **(T-3).**

2.24.16.10. Assist, as necessary, with career milestones activities such as promotion and retirements ceremonies. **(T-3).**

2.24.16.11. Ensure patient goes to their medical appointments and if necessary, assist patient in getting to their appointments. **(T-3).**

2.24.16.12. Provide patient with a 24-hour point of contact for the AGMTU. **(T-3).**

2.24.16.13. Mentor/counsel patient as needed. **(T-3).**

2.24.16.14. In coordination/approval by the AGMTU commander, may place both assigned and attached patients in a MTF or external line unit work center provided:

2.24.16.14.1. The service member is physically and/or mentally capable of completing reasonable normal daily activities.

2.24.16.14.2. The temporary placement of a service member within a work center can be safely accomplished without interfering with the member's treatment, Medical Evaluation Board (MEB), or clinical or non-clinical case processing.

2.24.16.14.3. The service member's attending provider supports the decision, and duty restrictions are documented on the AF Form 469.

2.24.16.14.4. The member is able to wear the appropriate uniform (shoe waiver may be used).

2.24.16.14.5. The AGMTU commander is able to secure placement approval or permission to place the patient within the work center.

JOHN J. DEGOES, Lt Gen, USAF, MC, FS
Air Force Surgeon General
Commander, Air Force Medical Command

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

10 USC § 1210, *Members on temporary disability retired list: periodic physical examination; final determination of status*

37 USC § 310*, Special pay: duty subject to hostile fire or imminent danger*

National Defense Authorization Act for Fiscal Year 2019, Section 711, *Transition of Administration by Defense Health Agency of Military Medical Treatment Facilities*, 15 May, 2018

DHA-AI 5136.03, *Delegation of Authority and Assignment of Responsibility for Administration and Management of Direct Care,* 3 November 2022

DoDI 1241.01, *Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements,* 19 April 2016

DoDI 1332.18, *Disability Evaluation System,* 5 August 2014

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AFI 33-332, *Air Force Privacy and Civil Liberties Program*, 10 March 2020

DAFI 34-1101, *Warrior and Survivor Care*, 30 April 2019

DAFI 34-160, *Mortuary Affairs Program*, 3 March 2022

DAFI 36-2603, *Air Force Board for Correction of Military Records,* 4 October 2022

DAFI 36-2608, *Military Personnel Records Systems*, 16 April 2021

DAFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation Pay*, 3 September 2021

DAFI 36-3002, *Casualty Services*, 4 February 2021

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DAFI 36-3012, *Military Entitlements*, 6 April 2023

DAFI 36-3211, *Military Separations*, 20 November 2023

DAFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, 22 February 2024

DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023

AFI 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program,* 22 April 2024

AFI 41-106, *Medical Readiness Program*, 29 July 2020

DAFI 48-122, *Deployment Health*, 9 October 2020

DAFMAN 48-123, *Medical Examinations and Standards*, 8 December 2020

DAFI 48-107V1, *En Route Care and Aeromedical Evacuation Medical Operations*, 15 December 2020

DAFMAN 48-108, *Physical Evaluation Board Liaison Officer (PEBLO) Functions: Pre-Disability Evaluation System (DES) And Medical Evaluation Board (MEB)Processing,* 5 August 2021

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, 13 February 2019

Headquarters Air Force Mission Directive 1-6, *The Administrative Assistant to the Secretary of the Air Force*, 22 December 2014

Headquarters Air Force Mission Directive 1-48, *The Air Force Surgeon General,* 21 February 2023

Joint Travel Regulations, **https://www.dfas.mil/militarymembers/travelpay/regulations.html**

Prescribed Forms

AF Form 146, *Death Tag*

AF Form 230, *Request for Patient Transfer*

AF Form 560, *Authorization and Treatment Statement*

AF Form 570, *Notification of Patient's Medical Status*

AF Form 577, *Patient's Clearance Record*

Adopted Forms

AF Form 348, *Line of Duty Determination*

AF Form 348-R, *Line of Duty Determination for Restricted Report of Sexual Assault*

AF Form 422, *Notification of Air Force Member's Qualification Status*

AF Form 469, *Duty Limiting Condition Report*

AF Form 745, *Sensitive Duties Program Record Identifier*

DAF Form 618, *Medical Board Report*

DAF Form 847, *Recommendation for Change of Publication*

AF Form 1122, *Personal Property and Personal Effects Inventory*

AF Form 1185, *Commander's Impact Statement for Medical Evaluation Board*

AF Form 1418, *Recommendation for Flying or Special Operation Duty – Dental*

DD Form 93, *Record of Emergency Data*

DD Form 261, *Report of Investigation Line of Duty and Misconduct Status*

DD Form 601, *Patient Evacuation Manifest*

DD Form 602, *Patient Evacuation Tag*

DD Form 689, *Individual Sick Slip*

DD Form 2064, *Certificate of Death (Overseas)*

DD Form 2499, *Health Care Practitioner Action Report*

DD Form 2674, *Record and Receipt of Deposits and Withdrawals of Safekeeping Funds*

DD Form 2796, *Post-Deployment Health Assessment*

DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*

DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

DD Form 3045, *Statement of Dispositions of Military Remains*

SF 503, *Medical Record-Autopsy Protocol*

SF 523, *Medical Record-Authorization for Autopsy*

SF Form 523A, *Disposition of the Body*

VA Form 21-0819, *DoD Referral to Integrated Disability Evaluation System (IDES)*

Abbreviations and Acronyms

AFI—Air Force Instruction

AFMS—Air Force Medical Service

AFR—Air Force Reserve

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code

AGMTU—Airman and Guardian Medical Transition Unit

ANG—Air National Guard

ARC—Air Reserve Component

ASIMS—Aerospace Services Information Management System

AWOL—Absent Without Leave

CED—Contingency, Exercise, Deployment

COCOM—Combatant Command

CONUS—Continental United States

DAFI—Department of the Air Force Instruction

DC—Dental Corps

DEERS—Defense Enrollment Eligibility Reporting System

DHA—Defense Health Agency

DoD—Department of Defense

DoDI—Department of Defense Instruction

DoDM—Department of Defense Manual

EFMP—Exceptional Family Member Program

ER—Emergency Room

GMU—Guard Medical Unit

GSU—Geographically Separated Unit

HIPAA—Health Insurance Portability and Accountability Act

Kx—Knowledge Exchange

MAJCOM—Major Command

MC—Medical Corps

MDG—Medical Group

MHS—Military Health System

MTF—Military Treatment Facility

NC—Nurse Corps

OCO—Overseas Contingency Operations

OCONUS—Outside Continental United States

PCA—Permanent Change of Assignment

PCS—Permanent Change of Station

PHI—Protected Health Information

RMU—Reserve Medical Unit

SAF—Secretary of the Air Force

SAF/MR—Assistant Secretary of the Air Force for Manpower and Reserve Affairs

SECAF—Secretary of the Air Force

SF—Standard Form

SM—Service Member

TRAC2ES—TRANSCOM Regulating and Command & Control Evacuation System

USC—United States Code

VA—Veterans Affairs

Terms

Active Duty (AD)—Applies to members serving full-time duty in the active military service of the United States. It includes members of the ARC serving on AD or full-time training duty, but does not include full-time National Guard duty. The term Inactive Duty for Training does not apply to this definition when considering healthcare eligibility.

Active Guard and Reserve—National Guard and Reserve members who are on voluntary active duty providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components. Also called AGR.

Air Reserve Component (ARC)—Units, organizations, and members of the ANG and the AFR.

Beneficiary—Persons entitled to benefits under the Uniformed Services Health Benefits Program.

Child—The natural or adopted child of a sponsor, or in some cases for purposes of determining eligibility for military health benefits, the unadopted step-child of a sponsor, or the legal ward of a sponsor. To determine whether a minor child may consent to certain classes of healthcare, refer to applicable state law, or for overseas locations local Medical Group (MDG) Operating Instructions.

Commander—The principle commissioned officer responsible for all activities, operations, and resources under the officer's control. Synonymous with commanding officer and commanding officer in charge.

Comprehensive Medical Information—Patient's name, rank, age, status (e.g., AD, ARC) unit of assignment or government occupational position, date of admission and/or date of treatment, diagnosis, current medical status, whether the admission was routine or happened under emergent circumstances, and the projected length of stay.

Convalescent Leave—An authorized leave status granted to AD uniformed service members while under medical or dental care that is a part of the care and treatment prescribed for a member's recuperation or convalescence.

Continental United States (CONUS)—United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico (Alaska and Hawaii are not part of CONUS).

Custodial Care—Healthcare for a patient who: (1) Is mentally or physically disabled and expected to continue as such for prolonged period. (2) Requires a protected, monitored, or controlled environment in an institution or home. (3) Requires assistance to support the essentials of daily living. (4) Is not under active and special medical, surgical, or psychiatric treatment that reduces the disability to the extent necessary to enable the patient to function outside a protected, monitored, or controlled environment.

Deceased Member—A person who was, at the time of death, a uniformed service AD member or retired; or a retired member of an ARC who elected to participate in the Survivor Benefit Plan (for

information on this plan, contact the Personal Affairs department at the local Military Personnel Section), but died before reaching age 60.

Definitive Diagnosis—For purposes of a Medical Evaluation Board evaluation, any condition that significantly interferes with performance of duties appropriate to a service member's office, grade, rank, or rating.

Dependent—A term that has generally been replaced with "family member." An immediate family member of an AD or retired Uniformed Services member. See DAFI 36-3002 for a detailed explanation.

Direct Care System—The system of military hospitals and clinics around the world.

Disability Evaluation System—A process maintained by the military Services to ensure a fit and vital force by determining a service member's fitness for continued military service. The Disability Evaluation System should include a medical evaluation board, a physical evaluation board, an appellate review process, and a final disposition.

Disposition—The removal of a patient from a MTF because of a return to duty or to home, transfer to another MTF, death, or other termination of medical care. The term may also refer to change from inpatient to outpatient status.

Emergency Care—The immediate medical or dental care necessary to save a person's life, limb, or sight, or to prevent undue suffering or loss of body tissue.

Extended AD—A tour of AD, normally for more than 90 days, that members of the ARC perform. Strength accountability changes from the ARC to the AD force. AD for training is not creditable as Extended AD.

Former Spouse—As the status relates to this manual, an individual who is no longer married to an AD member but was in the past for a sufficient length of time to become eligible for healthcare.

Legally Aged Family Member—The age of 18 years and older, however, can vary by state law with respect to the matter at issue.

Medical Care—Inpatient, outpatient, dental care, and related professional services.

Military Patient—A patient who is a member of the Uniformed Services of the United States on AD, or ARC status eligible for military care, or an AD member of a foreign government eligible for military care.

Military Treatment Facility—A military treatment facility is every fixed facility established for the purpose of furnishing medical and/or dental care to eligible individuals, including all operations of each such facility and all health care delivery associated with each such facility.

Medical Group Commander—The person appointed on orders as the commanding officer of the MTF.

Power of Attorney—A legal document authorizing an individual to act as the attorney or agent of the grantor. General rules and individual state laws specify when a power of attorney is required. Refer any questions pertaining to powers of attorney to the legal office.

Reserve Components—Reserve components of the Armed Forces of the United States are: the ANG of the United States, the AFR, the Army National Guard of the United States, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, and the Coast Guard Reserve. For the

purpose of this manual, the term also includes the reserve members of the commissioned corps of the United States Public Health Service and National Oceanic and Atmospheric Administration.

Sanitized Healthcare Information—A patient's name, rank, age, military status (AD, ARC), unit of assignment or government occupational position, date of admission and/or treatment date, and whether the admission was routine or happened under emergent circumstances, as this information applies to reporting an AD service member's status to the authorized AD service member's commander or the commander's properly appointed designee.

Sensitive Medical Information—Information that may affect the patient's morale, character, medical progress, or mental health. This includes the specific location or description of illness or injury, which may prove embarrassing to the patient or reflect poor taste. If the patient consents, information relating to the description of disease or injury and general factual circumstances may be released. Note: To protect the sensitive nature of the information, records or documents will be sent directly through medical channels when considered advisable by the healthcare provider or MDG commander.

Uniformed Services—The Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and United States Public Health Service.

Wounded Warrior—Any service member who has sustained a combat or hostile-related injury or illness requiring long-term care that will require a Medical Evaluation Board or Physical Evaluation Board to determine fitness for duty.

Written Authorization—Written consent from the patient or authorized representative allowing release or disclosure of information.

Attachment 2

SECRETARY OF THE AIR FORCE DESIGNEE EXAMPLE REQUEST

A2.1. Secretary of the Air Force Designee Example Request.

Table A2.1. Secretary of the Air Force Designee Example Request.

Date
MEMORANDUM FOR (MAJOR COMMAND NAME AND ADDRESS) FROM: (MILITARY TREATMENT FACILITY NAME AND ADDRESS)
SUBJECT: Secretary of the Air Force Designee Program Application
1. Request the following individual be granted Secretarial Designee status.
a. The patient's full name.
b. The patient’s date of birth.
c. The patient’s relationship to sponsor.
d. Sponsor’s full name.
e. Sponsor’s rank.
f. Sponsor’s branch of service.
g. Last four numbers of the Sponsor’s DoD ID number.
h. Sponsor’s military status (active duty, retired, deceased) and reason for discharge or separation.
i. The exact date Designee status should begin.
j. The recommended length of Designation.
k. Transportation aboard an aeromedical evacuation aircraft is/is not requested. Identify whether the patient requesting Designee status might require transportation on aeromedical evacuation. If so, include patient's home address and estimated cost of military transport.
l. Reason for Designation: for example, age (specify date of birth), marriage status, sponsor leaving the service.
m. Justification: Identify both the primary program category/criteria best suited for the situation and a supporting narrative.
n. Diagnosis: The application should include diagnosis in both clinical and layman's terms.
o. Brief Case History: The application needs a brief (one or two paragraph) case history. For complex cases, attach a separate letter with additional details. Include a long-term prognosis, the patient's age when medical providers first diagnosed the problem, and when and where DoD sponsored care began. Histories must be understandable to non-medical personnel.
p. Name of attending physician.
q. Medical specialty required: Application should specify the type of medical specialist (orthopedics, pediatrics, etc.) who would provide care for the patient.
s. Name, rank, and duty phone (Defense Switched Network and commercial) of the Secretarial Designee caseworker. Third Party Insurance Carrier: Identify if the sponsor, and or, applicant has Third Party Insurance.
t. Third Party Insurance Carrier Policy Number.
u. Space Availability: Indicate if the military treatment facility (MTF) has the capacity to treat the applicant.

v. Like-care TRICARE Prime patients are/are not being deferred to the network. Indicate if other TRICARE Prime beneficiaries with the same diagnosis are being deferred to the network.
w. Right of First Refusal status: Indicate if the MTF accepts/does not accept Right of First Refusals.
2. For additional information please call the caseworker at the above phone number.
r. //SIGNATURE