



# *U.S. Naval Hospital Naples*

**A Patient and Family Centered Health System**



**CAPT Raynese S. Roberts, DC, USN  
MTF Director/Commanding Officer**



# *USNH Naples, Italy*



- *U.S. Navy Medicine Readiness and Training Command Naples, Support Site*
- *Branch Health Clinic, Capodichino* • *Fleet Liaison Det. Landstuhl, Germany*
  - *Preferred Provider Network, Naples area*



# Emergencies

## On-Base:

Dial **911** or **+39-081-568-4911**

## Off-Base:

Dial **+39-081-568-4911** or find the nearest hospital!

**118** is the Italian Emergency Number, only speak Italian.

USNH ambulances do NOT operate off-base

## Outside of Naples Area:

International SOS (Tricare): **+44 20-8762-8133**

**+44-20-8762-8384**

- No pre-authorization needed for emergency care
- Keep all receipts and documentation
- Notify your PCM as soon as possible



# Access to Care

## ***Who is eligible for Health & Dental care?***

- ***Active Duty***
- ***Active Duty Family***

## ***Space-Available Health Care ONLY***

- ***DoD Civilian/Contractors***
- ***Retirees & their Dependents***
- ***Active Duty NATO***
- ***Active Duty NATO Family***

***All Others/non-DoD: On-Site Emergency Care Only***



# Hours of Operation



## Outpatient Clinic (Support Site):

**Monday – Friday**                      **0800-1600**  
**Tuesday**                                      **0800-1200**

## Capodichino Clinic:

**Monday – Friday**                      **0800-1600**  
**Tuesday**                                      **0800-1200**

**\*\* Closed weekends & US National Holidays\*\***

## \*\*\*OPEN 24 HOURS\*\*\*

- **Emergency Department**
- **Inpatient Ward**



# Hours of Operation



## Pharmacy Hours:

### Support Site:

Mon/ Wed-Fri: 0800-1700

Tuesday: 0800-1300

Sat/Sun/Federal Holidays: 1300-1600 (Refill pickup ONLY, must be called in by Thursday).

### BHC Capodichino:

Mon/ Wed-Fri: 0800-1600

Tuesday: 0800-1200

Lunch 1200-1300

Sat/Sun/Federal Holidays: Closed



# Medical Services Available

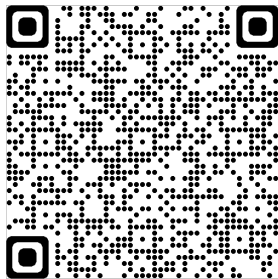
- Family Medicine
- Nutrition Services
- Internal Medicine
- Laboratory
- Mental Health & Substance Abuse
- Radiology
- Medical Readiness
- Immunizations
- Health Promotions & Wellness
- Physical Therapy
- Surgery
- Anesthesia
- Occupational Health
- Multi-Service Ward
- Urgent & Emergency Care
- Travel Medicine
- Ear, Nose & Throat
- Orthopedics
- Pastoral Care
- Case Management
- Dental
- Pharmacy
- Women's Health & Pregnancy
- Children's Educational & Intervention Services
- Men's Health
- Optometry
- Audiology
- **\*\* EUCOM Shared Assets \*\***
- **\*\* Ophthalmology**
- **\*\* Dermatology**
- **\*\* Podiatry**
- **\*\* Urology**



## **Naples Public Health Evaluation (NPHE)**

- ***USNH Naples and NSA Naples work together to monitor environmental and public health concerns.***
- ***USNH Naples leadership and medical providers work closely with environmental and public health experts.***
- ***For environmental health related questions regarding your personal health situation, contact our USNH Naples Medical Home Port to schedule an appointment.***

***(For additional information regarding the NSA Naples Public Health Evaluation to the link below.)***



**<https://cnreurafcen.cnic.navy.mil/Installations/NSA-Naples/Naples-Public-Health-Evaluation/>**





# **Medical Services for Non-Tricare Patients**

## **Establish Care with Primary Care Medical Team:**

- **Civilians are not typically screened prior to assignment to Naples**
- **Ensure the hospital or network facilities have what you need (i.e. medical specialists, medications, exams).**

## **Enrollment in Health Care Delivery Plan (HCDP):**

- **RAPIDS Office on Capodichino can activate your HCDP**
  - **DSN: 626-5632 / 2940**
- **HCDP should be activated for the period you are scheduled to be serving OCONUS.**

**All non-Tricare patients will receive a bill for health services rendered Bills can be paid at <https://www.pay.gov/public/accesscode>**



# Healthcare Billing

- All patients who are not on Active Duty or NATO members are required to have a DD 2569 and a copy of their insurance card on file at the hospital's Uniformed Business Officer (UBO).
- This includes DoD Civilians, Contractors, Reserve Members, Active Duty Dependent Spouses and Children etc.
- Medical Bills are submitted directly to the insurance provided. Having this information on file is necessary to ensure timely payment of bills.

**POC:** Feel free to forward any question or concerns directly to the UBO via email or at the numbers provided below.

**Commercial:** +39-081-811-6129/ 6510/ 6224

**DSN:** 629-6129/6510/6224

**Email:** [usn.naples.navhospnaplesit.list.ubo@health.mil](mailto:usn.naples.navhospnaplesit.list.ubo@health.mil)



# Customer Relations

*Have Something Nice to Say? Have a Concern?*

Three easy ways to provide feedback:

- **Interactive Customer Evaluation (ICE) survey**
- **JOES survey (mailed to you)**
- **Customer Relations Reps in each department**
  - *Contact the QD to ask for the department's Customer Relations Rep at: +39 (081) 811-6006*

*Elizabeth Iwanczuk*  
*Customer Service Representative*  
*DSN: 629-4646 or +39-081-811-4646*





# Medical Record Services

## Medical Record Copies:

- At-the-window printing for immunization list, radiology & laboratory results
- Up to 7-10 business days for complete records

## PCS:

- All Medical and Dental records will be mailed
  - Except Active Duty with orders to operational platforms

DHA-PM 6025.02 DoD Health Record



# Dental Clinic

## **MEMBER DIRECTED:**

The TRICARE-Active Duty (AD) family member dental plan (TFMDP) is available. Family members accompanying sponsors should remain enrolled in TFMDP since access to care at military dental clinics is extremely limited. For information concerning TFMDP and availability at your ultimate command go to **[WWW.UCCI.COM](http://WWW.UCCI.COM)**

- Support Site Dental Clinic: Routine care for AD and their dependents.
- Emergent (palliative) care for all.
- Capodichino Clinic: AD only.

DoD civilians, contractors, retirees and their respective family members are not eligible for routine dental care.

- Recommended to find dental care on the economy.
- US Consulate website (**<https://it.usembassy.gov/u-s-citizen-services/doctors/>**) maintains a list of some local options.



# *Dental Appointment*

## *Routine care:*

Appointments made in person or over the phone at:

**Commercial phone:** +39 081-811-6007

**DSN:** 314-629-6007

**Mon/ Wed-Fri:** 0800 - 1600

**Tue:** 0800 - 1200

- We encourage patients to contact their previous dental providers to request copies of their dental record and digital radiographs.
- Please report to the reception desk 15 minutes prior to your appointment and provide your beneficiary identification.
- You may be asked to reschedule your appointment if you do not arrive on time.



# **Dental Sick Call/Emergency**

***Walk-in appointments* for acute dental issues consisting of pain and infection are available:**

- **Monday-Friday from 0800-0930**
- **Visit the ER during weekends and holidays.**

**NATO foreign military, contractors, DoD civilians, and their respective family members will receive bills for any dental care rendered.**



## **Limited cleanings and ortho (braces)**

**Our staffing permits for one cleaning per year for all AD and dependents.**

**Orthodontic care is limited to Active-Duty service members and their dependents only.**

- **Priority is given to dependent children, followed by active-duty members.**
- **Dependent spouses who arrive with braces on may be treated if cases were initiated prior to receipt of orders. New cases on spouses will not be initiated.**

**If you are not content with frequency or availability of dental care for dependents, you do not need a referral to seek care in the community. US Consulate website (<https://it.usembassy.gov/u-s-citizen-services/doctors/>) maintains a list of some local options.**





# *Hospital Points of Contact*

LT Richard Isiorho, Department Head, Patient Administration

**DSN:** 629-6215 or +39-081-811-6215

LTJG Galapin Marvin, Division Officer, Patient Administration

**DSN:** 629-6293 or +39-081-811-6293

LN Italia Tavano, Medical Record Administrator

**DSN:** 629-6204 or +39-081-811-6204

LN Ralph Sgambato, Patient Affairs Specialist

**DSN:** 629-6208 or +39-081-811-6208

## Central Appointment Line:

**DSN:** 629-6000 or +39-081-811-6000

- Option **2** for English;
- Option **2** for Appointments;
  - Option **1** for Support Site,
  - Option **2** for Capodichino
  - Option **3** for Specialty care / Dental



Updated May 2024

# TRICARE<sup>®</sup> Overseas Program

Your TRICARE Benefit Outside the U.S.



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## TRICARE Overseas Program



### Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico and the U.S. Virgin Islands

### Eurasia-Africa

Africa, Europe and the Middle East

### Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea and Western Pacific remote countries

What is TRICARE?

5

**The TRICARE Overseas Program is the DoD's health care program for active-duty service members and their families who are stationed OCONUS.**



# ***HOURS OF OPERATION***

***Monday-Friday  
0730-1200 & 1300-1600***

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***Closed:  
All weekends and federal holidays***



# **WELCOME TO NSA NAPLES**

## **TRICARE Overseas Program Enrollment**

### **What you will need:**

- *A copy of your orders*
- *Completed DD 2876*
- *Completed Release of Medical Information*


**These will be found in your Area Orientation booklet. If you do not have them, please ask a Tricare Rep for a new set**

*\*Please write as neatly as possible to avoid delay in enrollment*

*\*If you make a mistake on your paperwork, DO NOT scratch it out. Draw one line through the mistake, then initial your correction*




- 1 form per beneficiary in household (including the service member)
- Beneficiaries 18 and older must complete and sign their own
- Forms for minor children must be completed and signed by parent/guardian
- If you need more than one form, please ask Tricare rep.



**TRICARE® OVERSEAS PROGRAM (TOP)**

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**CONTROLLED**

**CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM**

**THIS FORM IS FOR INTERNAL USE BY THE INTERNATIONAL SOS GROUP OF COMPANIES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17, 32 CFR 199.17-61 CFR Parts 101 and 106, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To obtain information necessary for the processing of requirements and benefits related to the TRICARE Overseas Program (TOP), including but not limited to medical management, your medical related claims, and proper updates of your medical record.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

**DISCLOSURE:** Voluntary; however, failure to provide consent may result in the inability of International SOS to provide the full range of services and benefits under the TOP.

**BENEFICIARY DETAILS:**

<b>Beneficiary First Name:</b>	<b>Beneficiary Last Name:</b>
<b>Beneficiary Date of Birth:</b>	<b>DoD Benefits Number (DBN):</b>
<b>Beneficiary Phone Number:</b>	<b>Beneficiary Email Address:</b>

**Section is to be signed by TRICARE Beneficiaries ONLY**

**RELEASE OF MEDICAL INFORMATION**

International SOS Government Services, Inc. and its affiliated entities (International SOS) is a data processor on behalf of the Defense Health Agency (DHA) of your personal data. You may contact International SOS at any of its locations or methods as identified on <http://www.tricare-overseas.com> or in the footer below. Your personal data will be used for the following purposes:

1. Collection of medical record to load into the United States (U.S.) Government system of record for TRICARE beneficiaries.
2. Translation of medical records to support your continued health care and maintenance of your medical record in the U.S. system of record.
3. Case Management, utilization management, and other medical management activities required under the TRICARE benefit.
4. Claims inquiries and processing in accordance with the TRICARE benefit.

The categories of personal data you are being asked to consent to International SOS' collection and use are your name, address, email address, telephone number, DoD Benefits Number (DBN), Social Security Number, and Personal Health Information. International SOS will share this information on an as needed and required basis with the DHA, the cognizant Military Treatment Facility, third-party medical translation vendors and/or Wisconsin Physician Services Insurance Corporation.

Your personal data will be transferred out of the European Union or other locality you are in and sent to the entities referenced above which are in the U.S. or on U.S. soil. Your personal data will be processed and stored in accordance with U.S., EU, and other applicable laws and record retention requirements applicable to International SOS.

Under our processes and these laws, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel International SOS has violated your rights under a cognizant privacy regulation, you have the right to file a complaint with the appropriate supervisory authority.

I consent to International SOS using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time. This consent authorization shall be in force and effect until two (2) years from the date of execution at which time this authorization expires.

I consent       I do not consent

**Signature of Beneficiary or Legally Authorized Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name and Relationship of Legally Authorized Representative to Patient** \_\_\_\_\_

**Address of the Beneficiary or Legally Authorized Representative** \_\_\_\_\_

**Note:** If the beneficiary is considered a minor, their legal or authorized representative (the parent's entitled to custody or guardian, and for adults the person in charge or designee) must sign on behalf of the beneficiary.

August 2021

<b>TRICARE Latin America &amp; Canada</b> Tel: +1-215-842-4393   Fax: +1-215-773-2701 Email: <a href="mailto:tricarepl@internationalsos.com">tricarepl@internationalsos.com</a>	<b>TRICARE Eurasia-Africa</b> Tel: +44-20-8762-8384   Fax: +44-20-8762-8255 Email: <a href="mailto:tricare@internationalsos.com">tricare@internationalsos.com</a>	<b>TRICARE Pacific</b> Tel: +65-6339-2676   Fax: +65-6336-0921 Email: <a href="mailto:tricare@internationalsos.com">tricare@internationalsos.com</a>
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## FILL OUT:

- Name
- DOB
- DoD ID **OR** SSN (Not DBN)
- Phone Number
- **PERSONAL** Email Address
- Consent / Do Not Consent
  - Signature
- Name and Relationship to Beneficiary (You / Your Child)
- FPO Address (if known)

CONTROLLED

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**DISCLOSURE:** Voluntary; however, failure to provide consent may result in the inability of International SOS to provide the full range of services and benefits under the TOP.

<b>BENEFICIARY DETAILS:</b>	
<b>Beneficiary First Name:</b>	<b>Beneficiary Last Name:</b>
<i>Beneficiary (Name or Surname)</i>	<b>DoD Benefits Number (DBN):</b>
<b>Beneficiary Phone Number:</b>	<b>Beneficiary Email Address:</b>

Section is to be signed by TRICARE Beneficiaries ONLY

RELEASE OF MEDICAL INFORMATION

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1. Collection of medical record to load into the United States (U.S.) Government system of record for TRICARE beneficiaries.
2. Translation of medical records to support your continued health care and maintenance of your medical record in the U.S. system of record.
3. Case Management, utilization management, and other medical management activities required under the TRICARE benefit.
4. Claims inquiries and processing in accordance with the TRICARE benefit.

The categories of personal data you are being asked to consent to International SOS' collection and use are your name, address, email address, telephone number, DoD Benefits Number (DBN), Social Security Number, and Personal Health Information. International SOS will share this information on an as needed and required basis with the DHA, the cognizant Military Treatment Facility, third-party medical translation vendors and/or Wisconsin Physician Services Insurance Corporation.

Your personal data will be transferred out of the European Union or other locality you are in and sent to the entities referenced above which are in the U.S. or on U.S. soil. Your personal data will be processed and stored in accordance with U.S., EU, and other applicable laws and record retention requirements applicable to International SOS.

Under our processes and these laws, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel International SOS has violated your rights under a cognizant privacy regulation, you have the right to file a complaint with the appropriate supervisory authority.

I consent to International SOS using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time. This consent authorization shall be in force and effect until two (2) years from the date of execution at which time this authorization expires.

I consent       I do not consent

**Signature of Beneficiary or Legally Authorized Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name and Relationship of Legally Authorized Representative to Patient** **"Self" or "Parent"** \_\_\_\_\_

**Address of the Beneficiary or Legally Authorized Representative** \_\_\_\_\_

*Note: If the beneficiary is considered a minor, their legal or authorized representative (the parent's entitled to custody or guardian, and for adults the person in charge or designee) must sign on behalf of the beneficiary.*

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August 2021

TRICARE Latin America & Canada Tel: +1-215-842-4393   Fax: +1-215-773-2701 Email: <a href="mailto:tricarepl@internationalsos.com">tricarepl@internationalsos.com</a>	TRICARE Eurasia-Africa Tel: +44-20-8762-8384   Fax: +44-20-8762-8255 Email: <a href="mailto:tricareeu@internationalsos.com">tricareeu@internationalsos.com</a>	TRICARE Pacific Tel: +65-6339-2676   Fax: +65-6336-0921 Email: <a href="mailto:tricarepa@internationalsos.com">tricarepa@internationalsos.com</a>
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**DD 2876**  
(filled out by AD SM)

- Name
- SSN
- Phone Number
- **Personal Email**
- Date of Entry
- FPO Address ( )
- Unit Information  
(UIC is found on your orders)
- Support Site ( )
- Effective Date Requested  
(The day you arrived in Italy)

<b>SPONSOR'S SSS/DBN:</b>					
<del>TRICARE PRIME OPTION DESIRED:</del>					
<del><input type="checkbox"/> TRICARE Prime: Active duty service members have to enroll in TRICARE Prime. (Enrollment is not automatic.)</del>					
<del><input type="checkbox"/> TRICARE Prime Remote: If eligible, you may be enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.</del>					
<del><input type="checkbox"/> TRICARE Overseas Program Prime: Family members must be command sponsored and meet specific enrollment criteria of the overseas area. If eligible, you may be enrolled in TRICARE Overseas Program Prime Remote. Retirees are not eligible for TRICARE Overseas Program Prime.</del>					
<del><input type="checkbox"/> Uniformed Services Family Health Plan (USFHP): Available in six locations. Submit the completed Enrollment Application to the USEHR address listed on Page 1. For the service area descriptions and telephone numbers for questions, please visit the TRICARE website at <a href="http://www.tricare.mil/usfhp">www.tricare.mil/usfhp</a>.</del>					
<b>SECTION I - SPONSOR INFORMATION</b>					
1. SPONSOR'S NAME (Last, First, Middle Initial) (Must match DEERS)			2. SPONSOR'S SOCIAL SECURITY NUMBER (SSN) (XXXX-XX-XXXX) or DoD BENEFITS NUMBER (DBN) (XXXXXXXXXXXX)		
3. SPONSOR IS: (X one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Deceased (Go to Section II) <input type="checkbox"/> Unremarried Former Spouse					
4. SPONSOR'S TELEPHONE NUMBER (Include Area Code)		5. SPONSOR'S PERSONAL E-MAIL ADDRESS		6. SPONSOR'S DATE OF BIRTH (YYYYMMDD)	
a. WORK:		b. HOME:		c. CELL:	
7. SPONSOR'S RESIDENCE ADDRESS (Street, Apartment No., City, State, ZIP Code, Country) <input type="checkbox"/> New					
8. SPONSOR'S MAILING ADDRESS (Provide APO or FPO if stationed overseas) <input type="checkbox"/> Same as residence <input type="checkbox"/> New					
PSC 808 BOX _____ FPO, AE 09618					
9. SPONSOR'S MILITARY ASSIGNMENT					
a. UNIT			c. STATE, ZIP CODE AND COUNTRY OF WORK ADDRESS		
b. UNIT IDENTIFICATION CODE (UIC) (if known)					
10. SPONSOR'S REQUESTED ACTION (X one)					
<input type="checkbox"/> None (per Section III) <input type="checkbox"/> Enroll <input type="checkbox"/> Transfer Enrollment <input type="checkbox"/> PCM Change <input type="checkbox"/> Disenroll (Non-AD only)					
Effective Date Requested: _____ ←					
<del>11. SPONSOR'S PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and USFHP uniformed service guidelines. Review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member services (non-active duty only) for availability of PCMs.)</del>					
a. 1st CHOICE		FULL NAME or MTF/CLINIC			
<input type="checkbox"/> MTF <input type="checkbox"/> PRP (ADSM) <input type="checkbox"/> Civilian					
b. 2nd CHOICE		FULL NAME or MTF/CLINIC			
<input type="checkbox"/> MTF <input type="checkbox"/> Civilian					
c. PCM SPECIALTY <input checked="" type="checkbox"/> No Preference <input type="checkbox"/> Family/General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Flight Medicine					
d. PREFERRED PCM GENDER <input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female					
DD FORM 2876, JUL 2016 <span style="float: right;">Page 2 of 5 Pages</span>					





## Command Sponsored Dependents Currently in Italy

- Name
- Date of Birth

\* For dependents who are arriving on station later: Please visit the Tricare office upon arrival to enroll. You do not need to fill this page out now

\*Please make sure your orders list your dependents as command-sponsored and travelling

SPONSOR'S SSN/IDN:

SECTION II - ENROLLING FAMILY MEMBER INFORMATION OR PCM CHANGE (Use additional copies of this page as necessary)

**12.a** FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS) **12.b** DATE OF BIRTH (YYYYMMDD)

**13** REQUESTED ACTION:  Enroll  Transfer Enrollment  PCM Change  Disenroll  Effective Date Required

**d. RESIDENCE AND MAILING ADDRESS** (Provide address, ZIP Code and Country, if different from Sponsor)

Same as Sponsor  New

**e. TELEPHONE NUMBER** (include Area Code) **f. E-MAIL ADDRESS**

(1) WORK: (2) HOME: (3) CELL:

**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFMR customer services for availability of PCMs.)

(1) 1st CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

**h. PCM SPECIALTY**  No Preference  Family/General Practice  Internal Medicine  Pediatrics  Flight Medicine

**i. PREFERRED PCM GENDER**  No Preference  Male  Female

**12.a** FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS) **12.b** DATE OF BIRTH (YYYYMMDD)

**13** REQUESTED ACTION:  Enroll  Transfer Enrollment  PCM Change  Disenroll  Effective Date Required

**d. RESIDENCE AND MAILING ADDRESS** (Provide address, ZIP Code and Country, if different from Sponsor)

Same as Sponsor  New

**e. TELEPHONE NUMBER** (include Area Code) **f. E-MAIL ADDRESS**

(1) WORK: (2) HOME: (3) CELL:

**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFMR customer services for availability of PCMs.)

(1) 1st CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

**h. PCM SPECIALTY**  No Preference  Family/General Practice  Internal Medicine  Pediatrics  Flight Medicine

**i. PREFERRED PCM GENDER**  No Preference  Male  Female

**12.a** FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS) **12.b** DATE OF BIRTH (YYYYMMDD)

**13** REQUESTED ACTION:  Enroll  Transfer Enrollment  PCM Change  Disenroll  Effective Date Required

**d. RESIDENCE AND MAILING ADDRESS** (Provide address, ZIP Code and Country, if different from Sponsor)

Same as Sponsor  New

**e. TELEPHONE NUMBER** (include Area Code) **f. E-MAIL ADDRESS**

(1) WORK: (2) HOME: (3) CELL:

**g. PCM PREFERENCE** (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFMR customer services for availability of PCMs.)

(1) 1st CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE  MTF  Civilian  Same as Sponsor FULL NAME or MTF/CLINIC

**h. PCM SPECIALTY**  No Preference  Family/General Practice  Internal Medicine  Pediatrics  Flight Medicine

**i. PREFERRED PCM GENDER**  No Preference  Male  Female

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- Sign and Date Your Enrollment
- Make Sure Your Orders are in the Folder
- “Last Name, First Name” is on your folder tab

**SPONSOR'S SSN/IDN:** \_\_\_\_\_

**SECTION III - REASON FOR DISENROLLMENT OR PCM CHANGE**  
(Complete if disenrolling or making a PCM change)

Name of Family Member: \_\_\_\_\_  Relocation  Dissatisfied  PCS  Other: \_\_\_\_\_

Name of Family Member: \_\_\_\_\_  Relocation  Dissatisfied  PCS  Other: \_\_\_\_\_

Name of Family Member: \_\_\_\_\_  Relocation  Dissatisfied  PCS  Other: \_\_\_\_\_

Name of Family Member: \_\_\_\_\_  Relocation  Dissatisfied  PCS  Other: \_\_\_\_\_

**SECTION IV - OTHER HEALTH INSURANCE**

PLEASE IDENTIFY IF ANYONE IS CURRENTLY COVERED BY OTHER HEALTH INSURANCE.

TRICARE Supplement (no other information is needed)

Medical Insurance: Person(s) Covered: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Dental Insurance: Person(s) Covered: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Vision Insurance: Person(s) Covered: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Prescription Insurance: Person(s) Covered: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

**SECTION V - ACCESS WAIVER AND SIGNATURE (REQUIRED)**

(if waiving drive time) If my selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care.

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

1. SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY \_\_\_\_\_ 2. RELATIONSHIP TO SPONSOR SELF 3. DATE SIGNED (YYYYMMDD) \_\_\_\_\_


**ENROLLMENT NOTE:** Prime enrollment start dates are based primarily on the 20th of the month rule (applications received on/before the 20th of the month are effective the first calendar day of the next month). You should confirm enrollment and PCM assignment before obtaining routine medical care. (Note: This does not apply to TRICARE Overseas Prime or to active duty service members.)

**DISENROLLMENT NOTE:** In some cases, you may not be able to re-enroll in TRICARE Prime for a 12-month period from the date of the disenrollment. This one year period does not apply to any family member whose sponsor is in grade E-1 to E-4.

**PAYMENT OPTION:** See Section VI on next page.

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## **DEFERRED TRAVEL & NEW SPOUSES**

- ***Enroll your newly arrived command-sponsored dependent(s) into TRICARE Overseas Prime within 14 days of arrival***
- ***Enroll your new spouse into TRICARE Overseas Prime within 90 days of marriage***
  - Request an enrollment packet (DD2876, ROMIF) via email/phone/coming into the office
    - Complete packet following instructions provided
  - Return completed packet with requested documentation to Tricare office

**It is your responsibility as the Active Duty Service Member to ensure your newly arriving/enrolling dependent(s) are enrolled into TRICARE Overseas Program**



## ***NEWBORN ENROLLMENT & DEERS***

- ***Enroll your newborn into DEERS within 14 days of life***
- ***Request a mini-registration from the Patient Administration (PAD) Office within 14 days of life***
- ***Parents MUST complete enrollment into TRICARE Overseas Prime within 180 days of life, or the baby will be put into Tricare Select***
- ***You must bring a copy of the birth certificate, and an 1172-2 from DEERS***
- ***A PCM will be assigned during enrollment into TRICARE Overseas Prime***
- ***Dual military families with no other command-sponsored dependents MUST APPLY FOR AND BE GRANTED COMMAND SPONSORSHIP FOR THE NEWBORN PRIOR TO VISITING TRICARE***



## **TOP Prime**

- **All Active Duty and their eligible dependents should be enrolled to TRICARE Overseas Prime, in order to benefit from the services available. This includes:**
    - **The Near Patient Program, should you need to be admitted to a non-MTF hospital**
    - **Free, certified records translations that will automatically be uploaded into your electronic health record**
    - **24/7 phone translation availability**
  - **Costs: No enrollment fees, most services covered, but family members will pay cost-shares for prescriptions filled at overseas pharmacies**
  - **Getting care: Get care from an assigned primary care manager at a military hospital or clinic. Referrals and/or pre-authorizations are required for specialty care\***
- \*A pre-authorization is not required for emergency care outside of the MTF**



## **TRICARE and Other Health Insurance**

- **If you have other health insurance (OHI):**
  - Fill out a *TRICARE Other Health Insurance Questionnaire*: [WWW.TRICARE.MIL/FORMS](http://WWW.TRICARE.MIL/FORMS).
    - Follow the referral and authorization rules for your OHI
  - Maintain an up-to-date (within 12-months) DD 2569 on file with the Uniformed Business Office (UBO)
    - Tell your provider about your OHI and TRICARE
- **After your OHI pays, TRICARE will pay the lesser of:**
  - The billed amount, minus the payment from your OHI
  - The amount TRICARE would have paid without OHI
    - The OHI copayment or deductible
- **For services covered by Medicare and TFL, TRICARE pays first**



*INTERNATIONAL SOS  
(ISOS)*

EURASIA/AFRICA EUROPEAN REGION

**+44 20-8762-8133 or +44-20-8762-8384**

Includes All European, African, and Middle Eastern countries (This includes: Pakistan, Russia, Baltic States, Ukraine, Georgia, Kazakhstan, Kyrgyzstan, and Uzbekistan)

(open 24 hours a day, 7 days a week, 365 days a year)

Anywhere outside of the NAPOLI area, **you MUST contact ISOS to coordinate Urgent and/or Emergent Care within 24 hours of being seen**



## Questions/Comments?







***Please turn your completed  
enrollment packet into the Tricare  
Rep***