NAVY SPONSOR NOTIFICATION
NAVPERS 1330/2 (2-73) S/N 0106-LF-063-7020

FROM:

TO:

THE SERVICE MEMBER LISTED HEREON HAS BEEN ORDERED TO YOUR COMMAND

NAME	RANK/RATE	SSN

MARITAL STATUS	WILL DEPENDENT ACCOMPANY SERVICE MEMBER	SEX AND AGES OF DEPENDENT CHILDREN (F for female, M for male)									
	☐ YES ☐ NO	SEX									
		AGE									

CURRENT MAILING ADDRESS

LEAVE ADDRESS

ESTIMATED DETACHMENT DATE	ESTIMATED ARRIVAL DATE YOUR COMMAND	MODE OF TRAVEL	INITIAL PERMANENT ASSIGNMENT
			☐ YES ☐ NO

SPONSOR

☐ REQUIRED ☐ DESIRED ☐ NOT DESIRED

OTHER INFORMATION

PURDUE
UNIVERSITY

To: (insert name)
From: NROTC Purdue Officer Candidates
Subject: Welcome Aboard
Date: (insert date)

Congratulations on being accepted into the Seaman-to-Admiral 21 program. You have joined the ranks of the Navy's most elite officer ascension program. You are about to embark on one of the greatest opportunities of your Naval career.

Your choice of Purdue University shows that you are committed to excellence and maintaining the highest academic standards in the country. For the last 150 years, Purdue has produced some of the finest officers in the United States Navy. Purdue graduates rank among some of the highest positions in the Naval Service.

As your fellow Officer Candidates, we are eager to provide all of the help that we can in order to make your transition as smooth as possible. In this packet you will find information regarding TRICARE Prime Remote medical and dental benefits as well as information detailing many of the apartment and housing opportunities in Lafayette and West Lafayette.

We hope to see you soon and if you have any questions feel free to contact me at (insert Phone Number).

Very respectfully,

(insert name don't forget to sign)

Active Duty Checklist Before Reporting to Purdue

<u>Uniforms:</u>

Navy

- Khaki Uniforms
- Service Dress Blues Uniform
- Summer White Uniform
- Choker White Uniform
- Ribbons
- Mini-Medals-Optional
- 2 sets of Official Navy PT Gear
- Cold weather PT gear (watch cap, gloves, sweats, etc.)
- Running Shoes
- NWU Uniforms (trousers, blouse, blue under shirt, boot bands, leather steel toe boots)
- NWU Parka (optional, but recommended as West Lafayette does experience cold and snowy winters)
- Eisenhower Jacket

Marine Corps

- Name Tag
- Tanker Jacket
- Service Dress A
- Service Dress C
- Blue Dress A/B
- Cammies- Woodland and Desert
- Green sweats
- Green PT shorts
- Ribbons
- Medals
- Running Shoes

Medical:

- Register for Tricare Prime Remote. We are in the Tricare North Region and the link is below for registration.

http://www.tricare.mil/mybenefit/home/overview/LearnAboutPlansAndCosts/TRICAREPrimeRemote

Cusack, John P MD
Southside Family Practice
(765) 471-9146
3554 Promenade Pky, #F
Lafayette, IN 47909

- Register for Tricare Dental Program through Concordia Dental.

https://secure.ucci.com/tdptie/secure/home/home.jsp

Dentist List, most people use Aspen Dental:
https://secure.addp-ucci.com/tp2fad/?network=016

Aspen Dental Group, P.C.
3725 Rome Dr.
Ste A
Lafayette, IN 47905
(765) 447-2725

Admin:

- Apply early and ask questions frequently if there is any confusion
- Nuclear Option OC's contact OC Faulter (716-949-4539), and all other OC's contact either OC Faulter or OC Houston (207-522-7342) regarding any question you may have.
- Register for Classes

https://wl.mypurdue.purdue.edu/cp/home/displaylogin

  - Make sure you are registered for NS 202. This is the required Naval Leadership Lab that is taken every semester
  - STAR is not required and should be waived by your respective major
- Set up Purdue Webmail account

- OC's wanting to become Nuclear Engineers, the Nuclear Engineering Assistant information is below to get in contact with. Nuclear Engineering has a 3-year degree plan that will work with no transfer credit. Contact Chrystal Randler and work with her and First Year Engineering if First Year Engineering is not cooperating with a 3-year plan.

  Chrystal Randler
  Academic Program Assistant
  Nuclear Engineering
  NUCL 127
  crandler@purdue.edu
  Tel: 765-494-5749
  Fax: 765-494-9570

- Active Duty Persons wanting to use the GI Bill: http://www.gibill.va.gov/

- Purdue GI Bill contact information:
  Teresa Harris
  regvet@purdue.edu; harri262@purdue.edu
  (765) 494-7638

Additional Information:
-Campus Map Printable PDF: http://www.purdue.edu/campus_map/CampusMap111111.pdf
-Parking Permit Information: http://www.purdue.edu/pat/mainnav/parking/students.htm. OCs and MECEPS are not eligible for "A" passes.

Housing
Apartment Complexes / Rental Communities
The following apartment complexes and Rental Communities are places that OC's have lived in before and would recommend to incoming officer candidates.

Purchasing/Renting a House
Most married OC's have been purchasing houses instead of living in apartment complexes. Information on local realtors, real estate companies, and neighborhoods can be obtained from your sponsor.

Foxfire at Valley Lakes
www.foxfireapartments.com
2121 Kyra Dr
Lafayette, IN 47909-8028
(765) 447-2121
Nice, newer apartment complex and rental community with available garages, a common area,

gym, and outdoor running track. Internet and television have to be purchased through the apartment
front office. 15 minutes from campus.

Pheasant Run
http://www.roseresidents.com/pheasantrun/
3090 Pheasant Run Drive
Lafayette, IN 47909-3303
(765) 474-0512
Affordable apartments with good maintenance. Amenities include a dog park, pool, gym, basketball and tennis courts, and a fishing pond. Internet and television purchased through front office. Leases include a military clause and a discount for service members. 15 minutes from campus, also on the bus route.

Bay Pointe
http://www.roseresidents.com/baypointe/
3331 Mystic Lane
Lafayette, IN 47909-5337
(765) 474-3779
Run by the same company as Pheasant Run (next door) witch access to same facilities. Also has a separate pool.

Blackbird Farms Apartments
http://www.apartments-lafayette-whl.com/
2411 Kestral Boulevard
West Lafayette, IN 47906
(765) 588-3921
Apartment complex allowing pets up to 25 lbs. Amenities include a pool, gym, and basketball and tennis courts. Approximately 5 minutes from campus, also on a bus route.

Prime Campus Housing
http://www.primecampushousing.com/
103 Northwestern St
West Lafayette, IN 47906
(765) 743-7700
Apartment Management Company with many buildings within walking distance of campus. Caters primarily to students, with many locations available.

The Fairway
http://www.thefairwaypurdue.com
1304 Palmer Dr
West Lafayette, IN 47906
(765) 463-3232

Housing- More geared toward college students.

Willowbrook West
http://www.willowbrookwestlafayette.com/
2053 Willowbrook Drive
West Lafayette, IN 47906
(765) 464-3800

Campus Suites on the Lake
http://www.campussuites.com/purdue-west-lafayette-in/
3800 Campus Suites Blvd
West Lafayette, IN 47906
765-463-9999

Copper Beech Townhomes
http://cbeech.com/westlafayette.htm
2900 Snowdrop Drive
West Lafayette, IN 47906
Phone: (765) 497-5600
E-Mail: purdue@cbeech.com

PURDUE UNIVERSITY

West Lafayette Campus

BUILDING NAMES AND ABBREVIATIONS
SPRING 2009

ABE Agricultural and Biological Engineering **F9**
ADDL Animal Disease Diagnostic Lab **G10**
AEMS Agricultural Engineering Machine Storage Building **A10**
AERO Aerospace Science Laboratory **C11**
AGAD Agricultural Administration Building **G8**
AHF Animal Holding Facility **G10**
AQUA Boilermaker Aquatic Center **D6**
AR Armory **G6**
ARMS Armstrong (Neil) Hall of Engineering **G5**
ASTL Animal Sciences Teaching Laboratory **E8**
BCC Black Cultural Center **F6**
BCHM Biochemistry Building **F8**
BIND Bindley (William E.) Bioscience Center **D8**
BRK Birck Nanotechnology Center **D8**
BRNG Beering (Steven C.) Hall of Liberal Arts and Education **F, G7**
BRWN Brown (Herbert C.) Laboratory of Chemistry **H7**
BSG Building Services and Grounds **F9**
CARL Coating Applications Research Laboratory **A11**
CDFS Child Development and Family Studies Building **D8**
† **CHAF** Chaffee Hall **A9**
CIVL Civil Engineering Building **G5**
CL50 Class of 1950 Lecture Hall **G7**
COMP Composites Laboratory **C11**
‡ **DANL** Daniel (William H.) Turfgrass Center **B1**
DAUC Dauch (Dick and Sandy) Alumni Center **H9**
DLC Discovery Learning Center **E9**
DMNT DeMent (Clayton W.) Fire Station **D6**
DOYL Doyle (Leo Philip) Laboratory **G10**
DYE Pete Dye Clubhouse **C1**
EE Electrical Engineering Building **H6**
EEL Entomology Environmental Laboratory **G8**
EHSA Equine Health Sciences Annex **G10**
EHSB Equine Health Sciences Building **G10**
ELLT Elliott (Edward C.) Hall of Music **G6**
ENAD Engineering Administration Building **G6**
EXPT *Exponent* **H6**
FOOD Food Stores Building **F9**
FOPN Flight Operations Building **B11**
FORS Forestry Building **G8**
FPRD Forest Products Building **G8**
FREH Freehafer (Lytle J.) Hall of Administrative Services **H10**
FRNY Forney Hall of Chemical Engineering **G5**
FS Food Science Building **G9**
FWLR Fowler (Harriet O. and James M., Jr.) Memorial House **E7**
GCMB Golf Course Maintenance Barn **C2**
GRIS Grissom Hall H7
GRS Grounds Service Building **E8**
GSMB Golf Storage Maintenance Barn **C2**
HAAS Haas (Felix) Hall **G7**
HANS Hansen (Arthur G.) Life Sciences Research Building **F8, 9**
HEAV Heavilon Hall **H7**
HERL Herrick Laboratories **E8**
HGR4-6 Hangars, Numbers 4 through **6 A11,12**
HGRH Horticulture Greenhouses **G9**
HIKS Hicks (John W.) Undergraduate Library **G, H7, 8**
HOCK Hockmeyer (Wayne T. and Mary T.) Hall of Structural Biology **E9**
HORT Horticulture Building **G9**
HOVD Hovde (Frederick L.) Hall of Administration **G6**
HPN Heating and Power Plant-North **G6**
IAF Intercollegiate Athletic Facility **F3**
JNSN Johnson (Helen R.) Hall of Nursing **G5, 6**
KCTR Krannert Center for Executive Education and Research **H8**
KNOY Knoy (Maurice G.) Hall of Technology **H6**
KRAN Krannert Building **H8**
LAMB Lambert (Ward L.) Fieldhouse and Gymnasium **F, G4**
■ Library, Main (see HIKS)
LILY Lilly Hall of Life Sciences **F8**
LMSB Laboratory Materials Storage Building **H11**
LMST Laboratory Materials Storage Trailer **H11**
LSA Life Science Animal Building **F8**
LSPS Life Science Plant and Soils Laboratory **F8**
LSR Life Science Ranges (Greenhouse and Service Building) **F8, 9**
LWSN Lawson (Richard and Patricia) Computer Science Building **F6**
LYNN Lynn (Charles J.) Hall of Veterinary Medicine **G10**
MACK Mackey (Guy J.) Arena **F, G4**
MANN Mann (Gerald D. and Edna E.) Hall **E8**
MATH Mathematical Sciences Building **G7**
ME Mechanical Engineering Building **G, H6**
MGL Michael Golden Engineering Laboratories and Shops **H6**
MJIS Martin C. Jischke Hall of Biomedical Engineering **E9**
MMDC Materials Management and Distribution Center **F11**
MMS1 Materials Management Storage Building 1 **F12**
MOLL Mollenkopf Athletic Center **F3**
MRGN Morgan (Burton D.) Center for Entrepreneurship **E8**
MSEE Materials and Electrical Engineering Building **H5, 6**
MTHW Matthews (Mary L.) Hall **F7, 8**
NISW Niswonger Aviation Technology Building **B11**
NUCL Nuclear Engineering Building **H6**
OLMN Ollman (Melvin L.) Golfcart Barn **C1**
PAO Pao (Yue-Kong) Hall of Visual and Performing Arts **H8**
PFEN Pfendler Hall (David C.) of Agriculture **G8**
PFSB Physical Facilities Service Building **F12**
PHYS Physics Building **G5**
PJIS Patty Jischke Early Care and Education Center **C8**
PMU Purdue Memorial Union (includes Visitor Information Center at PMU [VIC@PMU]) **H7**
PMUC Purdue Memorial Union Club **H7**
POAN Poultry Science Annex **E8**
POTR Potter (A. A.) Engineering Center **H6**
POUL Poultry Science Building **E8**
PRCE Peirce Hall **G7**
PRSV Printing Services Facility **F11**
PSYC Psychological Sciences Building **G6, 7**
PUSH Purdue University Student Health Center **F, G5**
PVCC Purdue Village Community Center **C8**
PWF Purdue West, Building F **B7**
RAIL American Railway Building **H6**
RAWL Rawls (Jerry S.) Hall **H, I8**
REC Recitation Building **G7**
RHPH Heine (Robert E.) Pharmacy Building **F, G5**
RSC Recreational Sports Center **D, E6**
SC Stanley Coulter Hall **G7**
SCCA-E South Campus Courts, Buildings A through E **G, H9, 10**
SCHL Schleman (Helen B.) Hall of Student Services **G6**
SCPA Slayter Center of Performing Arts **D4**
SEAN Service Building Annex **F9**
SERV Service Building **F9**
‡ **SIML** Holleman-Niswonger Simulator Center
SMTH Smith Hall **F8**
SOIL Soil Erosion Laboratory, National **E9**
SPUR Spurgeon (Tom) Golf Training Center **C1**
SSOF State Street Office Facility **A8**
STDM Ross-Ade Stadium (includes Ross-Ade Pavilion [RAP]) **F3**
STEW Stewart Center **G, H7**
STON Stone (Winthrop E.) Hall **G7, 8**
■ Student Health Center (see PUSH)
TEL Telecommunications Building **F7**
TERM Terminal Building **B11**
TERY Terry (Oliver P.) Memorial House **E8, 9**
TH1-6 Tee-Hangars 1 through 6 **A11**
TMB Transportation Maintenance Building **E9**
UNIV University Hall **G7**
UPOB Utility Plant Office Building **H10**
UPOF Utility Plant Office Facility **H10**
VA1 Veterinary Animal Isolation Building 1 **G10**
VA2 Veterinary Animal Isolation Building 2 **G10**
VCPR Veterinary Center for Paralysis Research **G10**
VLAB Veterinary Laboratory Animal Building **G10**
VOIN Voinoff (Samuel) Golf Pavilion **C1**
VPRB Veterinary Pathobiology Research Building **F, G9, 10**
VPTH Veterinary Pathology Building **G9**
■ Visitor Information Center (VIC) and Parking Services (see PGNW). Visitor Information Center at PMU (VIC@PMU) (see PMU).
WADE Wade (Walter W.) Utility Plant **H11**
WEST Westwood (President's Home) **A5, 6**
WGLR Women's Golf Locker Room **D1**
WSLR Whistler (Roy L.) Hall of Agricultural Research **G8**
WTHR Wetherill (Richard Benbridge) Laboratory of Chemistry **G, H7**
† **ZL1** Combustion Research Laboratory
† **ZL2** Gas Dynamics Research Laboratory
† **ZL3** High Pressure Research Laboratory
† **ZL4** Propulsion Research Laboratory
† **ZL5** Turbomachinery Fluid Dynamics Laboratory
501H 501 Hayes Street **H5**
600R Latino Cultural Center (600 Russell St.) **F5**

Residence Facilities

CARY Cary (Franklin Levering) Quadrangle **F4**
* **DUHM** Duhme (Ophelia) Residence Hall **E7**
ERHT Earhart (Amelia) Residence Hall **D7**
FORD Ford (Fred and Mary) Dining Court **F4**
FST First Street Towers **D7**
HARR Harrison (Benjamin) Residence Hall **C7**
HAWK Hawkins (George A.) Hall **H8**
HILL Hillenbrand Residence Hall **C7**
HLTP Hilltop Apartments **E3**
MCUT McCutcheon (John T.) Residence Hall **C7**
MRDH Meredith (Virginia C.) Residence Hall **D7**
OWEN Owen (Richard) Residence Hall **E4**
PVAB Purdue Village Administration Building **D9**
PVIL Purdue Village **B, C, D8, 9, 10**
PVP Purdue Village Preschool **C9**
* **SHLY** Shealy (Frances M.) Residence Hall **E7**
SHRV Shreve (Eleanor B.) Residence Hall **D6, 7**
SMLY Smalley (John C.) Center for Housing and Food Services Administration **D6, 7**
TARK Tarkington (Newton Booth) Residence Hall **E5**
* **VAWT** Vawter (Everett B.) Residence Hall **E6**
* **WARN** Warren (Martha E. and Eugene K.) Residence Hall **E7**
WDCT Wiley Dining Court **D5**
WILY Wiley (Harvey W.) Residence Hall **E5, 6**
* **WOOD** Wood (Elizabeth G. and William R.) Residence Hall **E7**
YONG Young (Ernest C.) Hall **H8**

Parking Garages

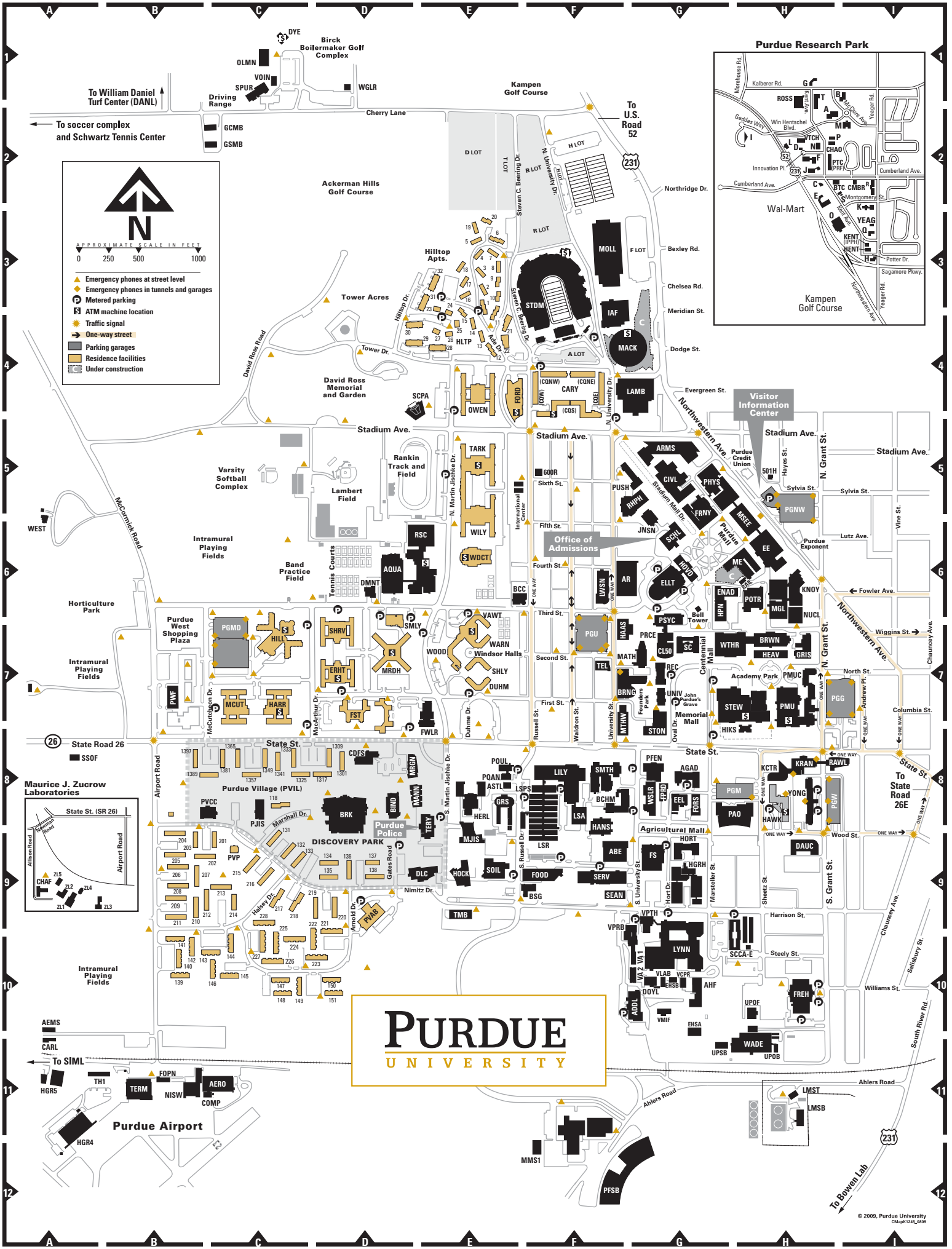
PGG Parking Garage, Grant Street **H, I7**
PGW Parking Garage, Wood Street **H8**
PGM Parking Garage, Marsteller Street **G, H8**
PGMD Parking Garage, McCutcheon Drive **C6, 7**
PGNW Parking Garage, Northwestern Avenue (includes Visitor Information Center and Parking Services) **H5**
PGU Parking Garage, University Street **F6, 7**

Purdue Research Park (H2 inset)

BTC Business and Technology Center
CHAO Chao Center for Industrial Pharmacy and Contract Manufacturing
CMBR 1231 Cumberland Ave.
HENT Hentschel Center
KENT 1205 Kent Ave. (IPPH)
PTC Purdue Technology Center of West Lafayette, Purdue Research Foundation (PRF) corporate headquarters
ROSS Ross Enterprise Center
VTCH Vision Technology Center (VISTECH 1)
YEAG 2655 Yeager Rd.
A International Technology Center (includes fitness center)
B Lakeview Technology Center (includes MRI Center)
C Pritscher Building
D SIMULIA CORP. Central Region
E Bioanalytical Systems (BASi)
F Cook Biotech
G Just Us Kids (child care center)
H Lafayette Community Bank
I MED Institute – 1 Geddes Way
J MED Institute – Annex
K North Central Superpave Center (NCSC)
L Purdue Employees Federal Credit Union (PEFCU)
M Kurz Purdue Technology Center (KURZ) (under construction)
N SSCI – An Aptuit Company
O State Farm Insurance Company
P Thermophysical Properties Research Laboratory (TPRL)
Q WLFI – TV 18
R 1201 Cumberland Ave. (formerly CTS Microelectronics)
S 2700 Kent Ave. (270K)
T 3400 Kent Ave. (under construction)

* Windsor Residence Halls
† Part of Maurice J. Zucrow Laboratories
‡ Buildings not appearing on map

Purdue Marketing and Media 8/09


Purdue Research Park
Wal-Mart
Kampen Golf Course
Birck Boilermaker Golf Complex
Kampen Golf Course
Ackerman Hills Golf Course
To William Daniel Turf Center (DANL)
To soccer complex and Schwartz Tennis Center
Driving Range
Cherry Lane
To U.S. Road 52
Northridge Dr.
Bexley Rd.
Chelsea Rd.
Meridian St.
Dodge St.
Evergreen St.
Stadium Ave.
Visitor Information Center
Office of Admissions
Hilltop Apts.
Tower Acres
David Ross Memorial and Garden
Varsity Softball Complex
Lambert Field
Rankin Track and Field
Intramural Playing Fields
Band Practice Field
Tennis Courts
Horticulture Park
Purdue West Shopping Plaza
Purdue Village (PVIL)
DISCOVERY PARK
Purdue Police
Maurice J. Zucrow Laboratories
State Road 26
State St.
Agricultural Mall
Academy Park
Centennial Mall
Memorial Mall
Purdue Mall
Purdue Credit Union
Purdue Exponent
Bell Tower
Purdue Airport
To SIML
To Bowen Lab
To State Road 26E
Ahlers Road
Wiggins St.
Fowler Ave.
Lutz Ave.
Sylvia St.
North St.
Wood St.
Harrison St.
Steely St.
Williams St.
Columbia St.
Northwestern Ave.
N. Grant St.
S. Grant St.
Chauncey Ave.
Salisbury St.
South River Rd.
Sagamore Pkwy.
Cumberland Ave.
Kalberer Rd.
Win Hentschel Blvd.
Innovation Pl.
Potter Dr.
Yeager Rd.
Northwestern Ave.
Morehouse Rd.
Geddes Way
Kansas Way
McClure Avenue
Montgomery St.
Kent Ave.
Steven C. Beering Dr.
N. University Dr.
S. University St.
Russell St.
Waldron St.
Duhme Dr.
Oval Dr.
Hort Dr.
Marsteller St.
Sheetz St.
Nimitz Dr.
Gates Road
Arnold Dr.
Halsey Dr.
Marshall Dr.
S. Martin Jischke Dr.
Hilltop Dr.
Tower Dr.
Ade Dr.
David Ross Road
McCormick Road
Airport Road
Allison Road
Yeoman Road
State St. (SR 26)
Hayes St.
Sixth St.
Fifth St.
Fourth St.
Third St.
Second St.
First St.
Stadium Mall Dr.
Founders Park
John Purdue's Grave
Vine St.
Andrew Pl.
Russell St.
Gates Road
DYE
OLMN
VOIN
SPUR
WGLR
GCMB
GSMB
D LOT
T LOT
R LOT
H LOT
F LOT
A LOT
C
STDM
MOLL
IAF
MACK
LAMB
CARY
(CQNW)
(CQNE)
(CQW)
(CQE)
(CQS)
FORD
OWEN
SCPA
HLTP
TARK
WILY
WDCT
RSC
AQUA
DMNT
BCC
LWSN
AR
ELLT
HOVD
SCHL
JNSN
RHPH
PUSH
CIVL
ARMS
PHYS
FRNY
MSEE
EE
ME
ENAD
POTR
HPN
MGL
KNOY
NUCL
PGNW
501H
600R
PGU
HAAS
PSYC
PRCE
CL50
SC
WTHR
BRWN
HEAV
GRIS
MATH
TEL
REC
BRNG
UNIV
STON
MTHW
STEW
PMU
PMUC
PGG
HIKS
PGMD
HILL
SHRV
ERHT
MCUT
HARR
PWF
SMLY
MRDH
VAWT
WARN
WOOD
SHLY
DUHM
FST
FWLR
SSOF
CDFS
MRGN
BIND
MANN
TERY
BRK
PVCC
PJIS
PVP
DLC
PVAB
TMB
POUL
POAN
ASTL
LSPS
GRS
HERL
MJIS
HOCK
SOIL
FOOD
BSG
SERV
SEAN
LILY
SMTH
BCHM
LSA
HANS
LSR
ABE
FS
HORT
HGRH
PFEN
AGAD
WSLR
FPHD
EEL
FORS
PGM
PAO
KCTR
KRAN
RAWL
YONG
HAWK
PGW
DAUC
VPTH
VPRB
LYNN
SCCA-E
VA 1
VA 2
VLAB
VCPR
EHSB
DOYL
AHF
ADDL
VMIF
EHSA
UPOF
FREH
WADE
UPSB
UPOB
LMST
LMSB
MMS1
PFSB
AEMS
CARL
HGR5
TH1
TERM
FOPN
NISW
AERO
COMP
HGR4
WEST
APPROXIMATE SCALE IN FEET
0
250
500
1000
Emergency phones at street level
Emergency phones in tunnels and garages
Metered parking
ATM machine location
Traffic signal
One-way street
Parking garages
Residence facilities
Under construction
PURDUE
UNIVERSITY
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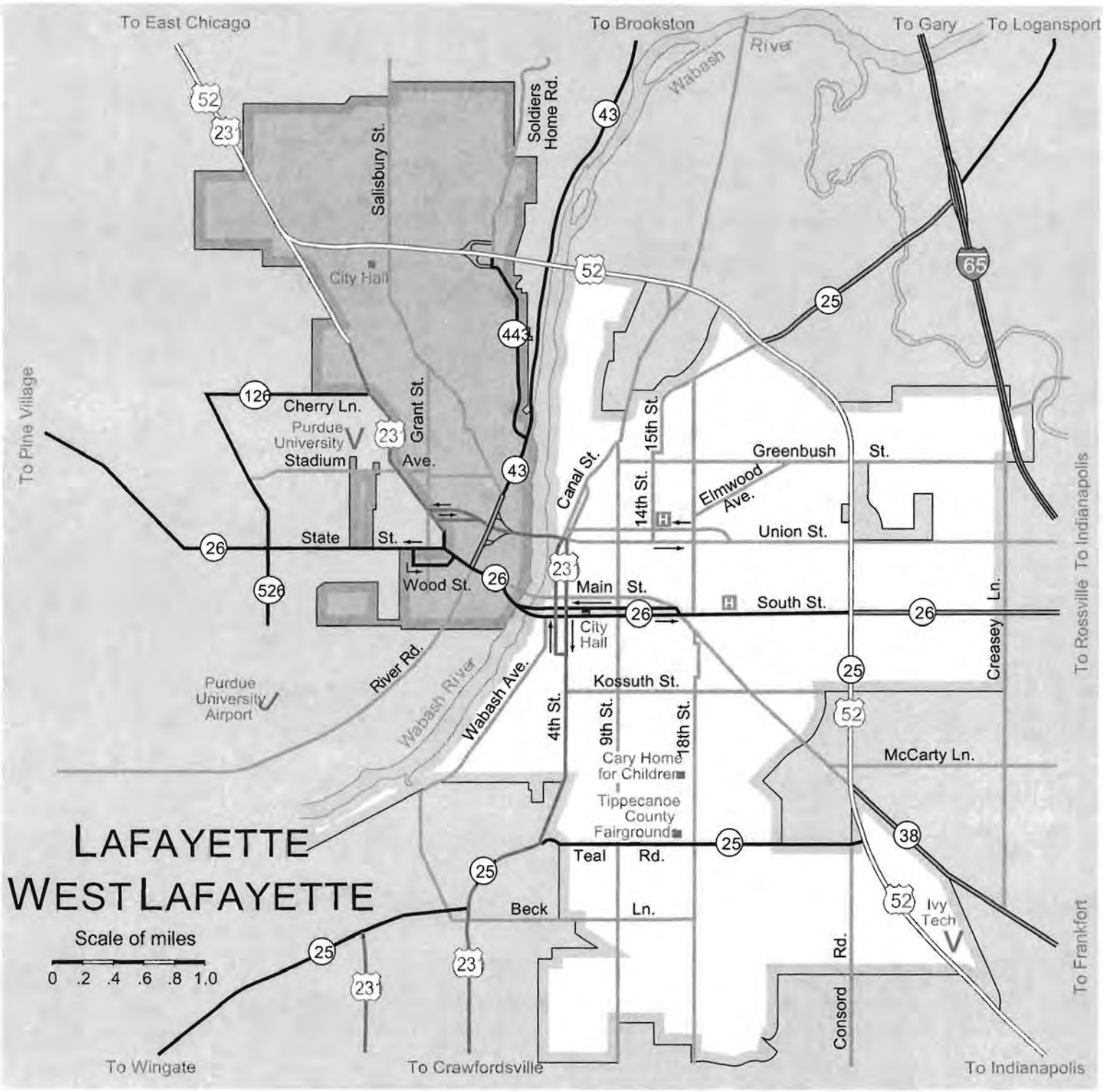
CMapK1245_0809


LAFAYETTE
WEST LAFAYETTE
Scale of miles
0 .2 .4 .6 .8 1.0
To East Chicago
To Brookston
To Gary
To Logansport
To Pine Village
To Rossville
To Indianapolis
To Frankfort
To Wingate
To Crawfordsville
To Indianapolis
Wabash River
Salisbury St.
Soldiers Home Rd.
City Hall
Cherry Ln.
Purdue University Stadium
Grant St.
Ave.
State St.
Wood St.
Canal St.
15th St.
14th St.
Greenbush St.
Elmwood Ave.
Union St.
Main St.
South St.
City Hall
Creasey Ln.
River Rd.
Wabash River
Wabash Ave.
Purdue University Airport
Kossuth St.
4th St.
9th St.
18th St.
Cary Home for Children
McCarty Ln.
Tippecanoe County Fairground
Teal Rd.
Beck Ln.
Ivy Tech
Consord Rd.

TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM

(Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing this form.)

OMB No. 0720-0008
OMB approval expires Feb 28, 2010

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0720-0008). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ORGANIZATION.
SEND YOUR APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 552a, 10 U.S.C. 1079 and 1086, 58 FR 45318, 65 FR 30966, May15, 2000.

PRINCIPAL PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17).

ROUTINE USE(S): Information from application forms and related documents may be given to the Department of Health and Human Services, and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions. Appropriate disclosures may be made to other Federal, State, local, and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE Program.

DISCLOSURE: Voluntary; however, failure to provide information will result in the denial of enrollment.

TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM

This form is for the following:

- Eligible beneficiaries who want to enroll in TRICARE Prime, TRICARE Prime Remote (TPR), or US Family Health Plan.
- Portability transfers to a new region for the TRICARE program listed above.
- Address changes within the same region for the TRICARE program listed above.
- Primary Care Manager (PCM) changes as follows: Within the same Military Treatment Facility (MTF)/Clinic, to an MTF/Clinic, or to a civilian PCM.

ELIGIBLE CATEGORIES	SECTION I Sponsor Information	SECTION II Enrolling Family Members	SECTION III Other Health Insurance	SECTION IV Reason for PCM Change	SECTION V Signature	SECTION VI Enrollment Fee Payment
1. Active Duty Members, Reserve Component Members called or ordered to active duty for 30 days or more.	X			Complete if changing PCM		
2. Active Duty Family Members (ADFMs) and Survivors of Active Duty (first three years in survivor status).	X	X	X	Complete if changing PCM	X	
3. Active Duty Family Members of Reserve Component Members called or ordered to active duty for 31 days or more. Must be eligible in DEERS.	X	X	X	Complete if changing PCM	X	
4. Retirees, retiree family members, survivors, and eligible former spouses under 65 years of age who reside within the 50 United States or the District of Columbia. **This excludes beneficiaries over the age of 65 who are eligible for TRICARE Prime.**	X	X	X	Complete if changing PCM	X	X *(Must include required payment)*
5. ADFMs, Retirees, retired family members, survivors and eligible former spouses 65 years or older and entitled to Medicare Part A. **(Applicable only to US Family Health Plan.)**	X	X	X	Complete if changing PCM	X	X *(If not enrolled in Medicare Part B)*

GENERAL INSTRUCTIONS

1. **TRICARE Prime** - Active duty service members are required to enroll in Prime. Active duty family members, retirees and their family members are encouraged, but not required, to enroll in Prime.

2. **TRICARE Prime Remote (TPR)** is a program for active duty service members and their family members when the sponsor lives and works over 50 miles or one hour drive from a Military Treatment Facility (MTF) and the family member lives with the sponsor.

3. Families with more than three members need multiple copies of page 6.

4. Print all information in **ink**. Make sure the information is complete and accurate.

5. Ensure personal and family information matches information in the Defense Enrollment Eligibility Reporting System (DEERS). To check your DEERS information, call the Defense Manpower Data Center (DMDC) Support Office at 1-800-538-9552 and refer to your name as printed on your military ID card.

If you are an unremarried former spouse, please remember to use your personal SSN as the sponsor number.

6. There are two address fields for the sponsor and each family member. The Residence address block should be completed if it is known. If you haven't established a residence at the time you are completing this form, insert "To be determined." in the Residence address block and complete the Mailing address block. The Mailing address block is only to be completed if mail is to be sent to an address other than the Residence address. If the Mailing address block is blank, all mail will be sent to the Residence address. The addresses and telephone numbers you include on this form will update DEERS.

It is very important that you update your personal information in DEERS whenever your residence address, mailing address, telephone number, or Medicare status changes. Please see instruction 5 above.

7. Sign and date the application (Section VI).

8. Please keep a copy of the completed TRICARE Prime Application/PCM Change Form for your records.

Enrollment in TRICARE Prime requires that all services, except for emergencies, must be coordinated through the PCM. If not, the beneficiary will be responsible for payment of charges in accordance with the Point-of-Service (POS) option as described in the TRICARE Beneficiary Handbook.

GENERAL INSTRUCTIONS *(Continued)*

9. **US Family Health Plan** is a TRICARE Prime enrollment option for eligible individuals and families who live in seven specific parts of the country: Seattle, Washington; Cleveland, Ohio; Portland, Maine; Brighton, Massachusetts; Staten Island, New York; Baltimore, Maryland; and Houston, Texas. The primary difference between other TRICARE options and the US Family Health Plan is that US Family Health Plan may be used by uniformed service retirees and their eligible family members who are age 65 or older.

10. For enrollment or PCM changes in the **US Family Health Plan**, submit the completed Application/PCM Change Form to the US Family Health Plan address listed below. For questions regarding enrollment/PCM changes in the US Family Health Plan, contact the US Family Health Plan member services at:

ME and NH	*MD, PA, VA and WV*	*MA & RI*	*NY, NJ, PA and CT*
US Family Health Plan *Martin's Point Health Care* *PO Box 9746* *Portland, ME 04104-5040* *1-888-241-4556*	*US Family Health Plan* *Johns Hopkins Medicine* *PO Box 815* *Glen Burnie, MD 21060* *1-800-801-9322*	*US Family Health Plan* *at Brighton Marine* *PO Box 9195* *Watertown, MA 02471-9900* *1-800-818-8589*	*US Family Health Plan at* *St. Vincent NYC* *450 West 33rd Street, 12th Floor* *New York, NY 10001* *1-800-241-4848*

MAILING INSTRUCTIONS

1. Submit the completed Application/PCM Change Form to the address below. For enrollment or PCM changes in the US Family Health Plan please see instruction 10 above.

Health Net Federal Services, LLC

PO Box 870143

Surfside Beach, SC 29587-9743

Applications can be mailed to the contractor identified above or dropped off at a TRICARE Service Center (TSC). Contact the local TSC in person or call the telephone number listed below in instruction 3 to determine when your new or transferred enrollment will begin.

2. For additional information on TRICARE, contact the local TRICARE Service Center (TSC) or visit the TMA website at www.tricare.osd.mil.

3. For enrollment assistance, please call ***Health Net Federal Services, LLC*** at ***1-877-TRICARE (1-877-874-2273).***

PAY INSTRUCTIONS

1. If you have elected monthly allotment from retired pay as the payment method for your TRICARE Prime enrollment fees, you must complete an allotment authorization letter provided. If you select this type of payment, you must make the first quarterly payment by check or credit card at the time of application.

2. If you elected electronic funds transfer (EFT) as the payment method for your TRICARE Prime enrollment fees, ensure you provide your banking information in Section VI, Part B of the enrollment application form. If you select this type of payment, you must make the first quarterly payment by check or credit card at the time of application.

3. If you elected credit card as the method for your TRICARE Prime enrollment, ensure you provide your credit card information in Section VI, Part C of the enrollment application form. If you select this type of payment, these payments are made either quarterly or annually.

TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM

*(Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions **before** completing this form.)*

X one:		Prime Enrollment		Prime Remote Enrollment		US Family Health Plan Enrollment		PCM Change

SECTION I – SPONSOR INFORMATION

1. SPONSOR SOCIAL SECURITY NUMBER (SSN)

2. SPONSOR NAME *(Last, First, Middle Initial) (Must match DEERS)*

3. SPONSOR DATE OF BIRTH *(YYYYMMDD)*

4. SPONSOR IS: *(X one)*		Active Duty		Retired
		Deceased *(Go to Section II.)*		Former Spouse

5. RESIDENCE ADDRESS *(Street/P.O. Box, Apartment No., City, State, ZIP Code)*

6. MAILING ADDRESS *(If different from residence address)*

7. SPONSOR TELEPHONE NUMBERS *(Include Area Code)*	a. HOME	b. WORK

8. CITY AND COUNTRY OF MILITARY ASSIGNMENT *(OCONUS only)*

9. MEMBER'S UNIT AND UNIT IDENTIFICATION CODE (UIC) *(If known)*

10. ZIP CODE OF WORK ADDRESS

11. E-MAIL ADDRESS

12. SPONSOR'S ACTION *(X one)*		New Enrollment		PCM Change		None

13. SPONSOR PRIMARY CARE MANAGER (PCM) PREFERENCE *(Honoring your preference depends upon availability and local Military Treatment Facility (MTF) policy. Contact your TRICARE Service Center, preferred MTF, or US Family Health Plan Member Services for availability of PCMs.) (Complete all that apply.)*

a. PCM NAME MTF/CLINIC *(If known)*	1st CHOICE
	2nd CHOICE

b. PCM SPECIALTY		No Preference		Flight Medicine
		Family/General Practice		Internal Medicine

c. PREFERRED PCM GENDER		No Preference		Male		Female

SPONSOR SOCIAL SECURITY NUMBER

SPONSOR NAME *(Last, First, Middle Initial) (Must match DEERS)*

SECTION II – ENROLLING FAMILY MEMBER INFORMATION *(Use additional copies of this page to continue as necessary)*

a. FAMILY MEMBER NAME *(Last, First, Middle Initial) (Must match DEERS)*

b. DATE OF BIRTH *(YYYYMMDD)*

c. RESIDENCE ADDRESS *(Street/P.O. Box, Apartment No., City, State, ZIP Code)*

☐ Same as Sponsor

d. MAILING ADDRESS *(If different from residence address)*

☐ Same as Sponsor

e. RELATIONSHIP TO SPONSOR	☐ Spouse	☐ Former Spouse	☐ Child

f. TELEPHONE NUMBERS *(Include Area Code)*	(1) HOME	(2) WORK

g. PRIMARY CARE MANAGER (PCM) PREFERENCE *(Honoring your preferences depends upon availability and local MTF policy. Contact your TRICARE Service Center, preferred MTF or US Family Health Plan Member service for availability of PCMs.) (Complete all that apply.)*

(1) PCM NAME MTF/CLINIC *(If known)*	1st CHOICE ☐ Same as Sponsor					
	2nd CHOICE ☐ Same as Sponsor					
(2) PCM SPECIALTY	☐	No Preference	☐	Flight Medicine	☐	Pediatrics
	☐	Family/General Practice	☐	Internal Medicine		
(3) PREFERRED PCM GENDER	☐	No Preference	☐	Male	☐	Female

a. FAMILY MEMBER NAME *(Last, First, Middle Initial) (Must match DEERS)*

b. DATE OF BIRTH *(YYYYMMDD)*

c. RESIDENCE ADDRESS *(Street/P.O. Box, Apartment No., City, State, ZIP Code)*

☐ Same as Sponsor

d. MAILING ADDRESS *(If different from residence address)*

☐ Same as Sponsor

e. RELATIONSHIP TO SPONSOR	☐ Spouse	☐ Former Spouse	☐ Child

f. TELEPHONE NUMBERS *(Include Area Code)*	(1) HOME	(2) WORK

g. PRIMARY CARE MANAGER (PCM) PREFERENCE *(Honoring your preferences depends upon availability and local MTF policy. Contact your TRICARE Service Center, preferred MTF or US Family Health Plan Member service for availability of PCMs.) (Complete all that apply.)*

(1) PCM NAME MTF/CLINIC *(If known)*	1st CHOICE ☐ Same as Sponsor					
	2nd CHOICE ☐ Same as Sponsor					
(2) PCM SPECIALTY	☐	No Preference	☐	Flight Medicine	☐	Pediatrics
	☐	Family/General Practice	☐	Internal Medicine		
(3) PREFERRED PCM GENDER	☐	No Preference	☐	Male	☐	Female

SPONSOR SOCIAL SECURITY NUMBER

SPONSOR NAME *(Last, First, Middle Initial) (Must match DEERS)*

SECTION III

1. IS THE RETIREE OR ARE ANY RETIREE FAMILY MEMBERS ELIGIBLE FOR MEDICARE BASED ON DISABILITY OR END STAGE RENAL DISEASE? ☐ Yes ☐ No

If Yes, provide a copy of the Medicare card for each family member that is under the age of 65 and entitled to Medicare.

2. ARE ANY ENROLLING FAMILY MEMBERS OR IS THE RETIREE CURRENTLY COVERED BY OTHER HEALTH INSURANCE *(not a TRICARE Supplement)?* ☐ Yes ☐ No

If Yes, provide the name of the other health insurance and the insurance identification number:

SECTION IV – REASON FOR PCM CHANGE

REASON FOR CHANGE *(X one per affected family member)*

Name
☐ Move ☐ Other *(Explain)*

Name
☐ Move ☐ Other *(Explain)*

Name
☐ Move ☐ Other *(Explain)*

Name
☐ Move ☐ Other *(Explain)*

SECTION V – ACCESS WAIVER

Please read and sign only if you are outside the service area.
Your enrollment application indicates that your current address is outside the service area. You may travel to a location where there is a provider network and enroll at that location. However, since you live outside the service area, by signing below, you indicate that your travel time to the network of primary care delivery sites may exceed 30 minutes from your home to the delivery site and your travel time for specialty care may exceed one hour.

SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	DATE SIGNED *(YYYYMMDD)*

SECTION VI – SIGNATURE

I understand that it is my responsibility to comply with all TRICARE Prime procedures. By signing the form, I certify that the information on this form 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 imprisonment under applicable Federal law.

SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	DATE SIGNED *(YYYYMMDD)*

SPONSOR SOCIAL SECURITY NUMBER
SPONSOR NAME *(Last, First, Middle Initial) (Must match DEERS)*

SECTION VII - PAYMENT OF TRICARE PRIME ENROLLMENT FEES

NOTE: This section is only for retirees, retiree family members, survivors and eligible former spouses.

1. Retired beneficiaries and retiree family members entitled to Medicare Part A and Medicare Part B must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE prime. TRICARE enrollment fees are waived for these retirees and retiree family members if they provide a copy of their Medicare card as proof of entitlement to Medicare Part A and B and DEERS reflects their entitlement to Medicare Part A and B.
2. Explain all split enrollments (retiree family enrollment in more than one TRICARE Region) on a separate sheet of paper.

1. PAYMENT FEE OPTIONS		**MONTHLY**		**QUARTERLY**		**ANNUAL**
2. PLAN SELECTION *(X one)*		Single $19.17		Single $57.50		Single $230.00
		Family $38.34		Family $115.00		Family $460.00
3. PAYMENT METHOD *(X one)*		a. Allotment From Retired Pay **(Complete A below)**		a. Check/Cashiers Check/Money Order*		a. Check/Cashiers Check/Money Order*
		b. Electronic Funds Transfer **(Complete B below)**		b. VISA or Master Card **(Complete C below)**		b. VISA or Master Card **(Complete C below)**

If you have elected a monthly payment option (Allotment or Electronic Funds Transfer) please see Pay Instructions on Page 4 for further details regarding establishing monthly payments.
If you have elected Monthly Allotment or Electronic Funds Transfer, the first quarterly payment is due at the time of application.
NOTE: Quarterly and **annual** bills will be sent on a quarterly and annual basis, respectively. **Monthly** bills will not be sent.
*Make check payable to *Health Net Federal Services*

A — MONTHLY ALLOT-MENT

I, _____ *(Signature of sponsor)* choose to have my enrollment fees paid by monthly allotment from my Uniformed Services retired pay.

NOTE: Only retired Uniformed Services members may establish an allotment from their retired pay. Follow instructions on Premium Allotment Authorization letter and submit as directed.

B — ELECTRONIC FUNDS TRANSFER

I, _____ *(Signature of account holder)* choose to have my enrollment fees paid by electronic funds transfer.

(1) NAME AND ADDRESS OF FINANCIAL INSTITUTION				
(2) TELEPHONE NUMBER OF FINANCIAL INSTITUTION *(Include Area Code)*				
(3) ACCOUNT INFORMATION *(X)*		Savings		Checking *(Attach voided check)*
(4) ACCOUNT NUMBER				
(5) BANK OR ABA ROUTING NUMBER				
(6) NAME ON ACCOUNT				

C — CREDIT CARD

I, _____ *(Signature of card holder)* choose to have my initial enrollment fees billed to my credit card. *(Annual and Quarterly initial payments only)*

(1) NAME ON CREDIT CARD				
(2) CREDIT CARD NUMBER AND EXPIRATION DATE *(MMYY)*				
(3) TYPE OF CARD *(X)*		VISA		Master Card

Help ?

You searched for providers who are within **40 miles** from the center of ZIP Code **47905** who meet the following criteria:
Beneficiary Category: TPR
Provider Type: PRIMARY CARE MANAGERS (PCMs)
The **closest 10** providers to your location have been returned.

To narrow your results, please search again. Search Again

MTF ClinicsProvidersPrinter Friendly Directory
Currently displaying: **Providers**. Click on the MTF Clinics tab to display the MTF Clinics results.

Pages 1

Listings 1 to 10

Sort By: As the Crow Flies (straight line distance)

	Provider	Type/Specialty	Details	Maps
1	BECKER, JULIE E MD MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO, IN 47960 (574) 583-3333	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Female	43 min Map 23.42 mi Map
2	MCKISSICK, ROBERT A MD MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO, IN 47960 (574) 583-3333	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Male	43 min Map 23.42 mi Map
3	ROGERS, STEPHEN K MD MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO, IN 47960 (574) 583-3333	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Male	43 min Map 23.42 mi Map
4	TRIBBETT, CHARLES R MD MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO, IN 47960 (574) 583-3333	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Male	43 min Map 23.42 mi Map
5	CZESKIS, MARGARITA V MD WITHAM PHYSICIANS SERVICES 2505 N LEBANON ST STE 220 LEBANON, IN 46052 (765) 482-8649	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Female Also speaks RUSSIAN	32 min Map 31.61 mi Map
6	HETTMANSBERGER, TRICIA L MD WITHAM PHYSICIANS SERVICES 2505 N LEBANON ST STE 220 LEBANON, IN 46052 (765) 482-8649	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Female	32 min Map 31.61 mi Map

7	HETTMANSBERGER, TRICIA L MD WITHAM HEALTH SERVICES 2505 N LEBANON ST STE 130 LEBANON, IN 46052 (765) 485-8000	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Female	32 min 31.61 mi	Map Map
8	IMP, JANET MD WITHAM PHYSICIANS SERVICES 2505 N LEBANON ST STE 220 LEBANON, IN 46052 (765) 482-8649	PRIMARY CARE MANAGERS (PCMs)/ PEDIATRICS	Female	32 min 31.61 mi	Map Map
9	RUIZ, TERESA MD WITHAM MEMORIAL HOSPITAL PEDIATRICS 2505 N LEBANON ST STE 220 LEBANON, IN 46052 (765) 483-1810	PRIMARY CARE MANAGERS (PCMs)/ PEDIATRICS	Female Also speaks SPANISH	32 min 31.61 mi	Map Map
10	WRIGHT, JUSTIN D MD WITHAM PHYSICIANS SERVICES 2505 N LEBANON ST STE 220 LEBANON, IN 46052 (765) 482-8649	PRIMARY CARE MANAGERS (PCMs)/ FAMILY PRACTICE	Male	32 31.61	

Valley Lakes Family Medicine
1803 E 350 S Ste 1
Lafayette, IN 47909

John Cusack

(765) 471-9146

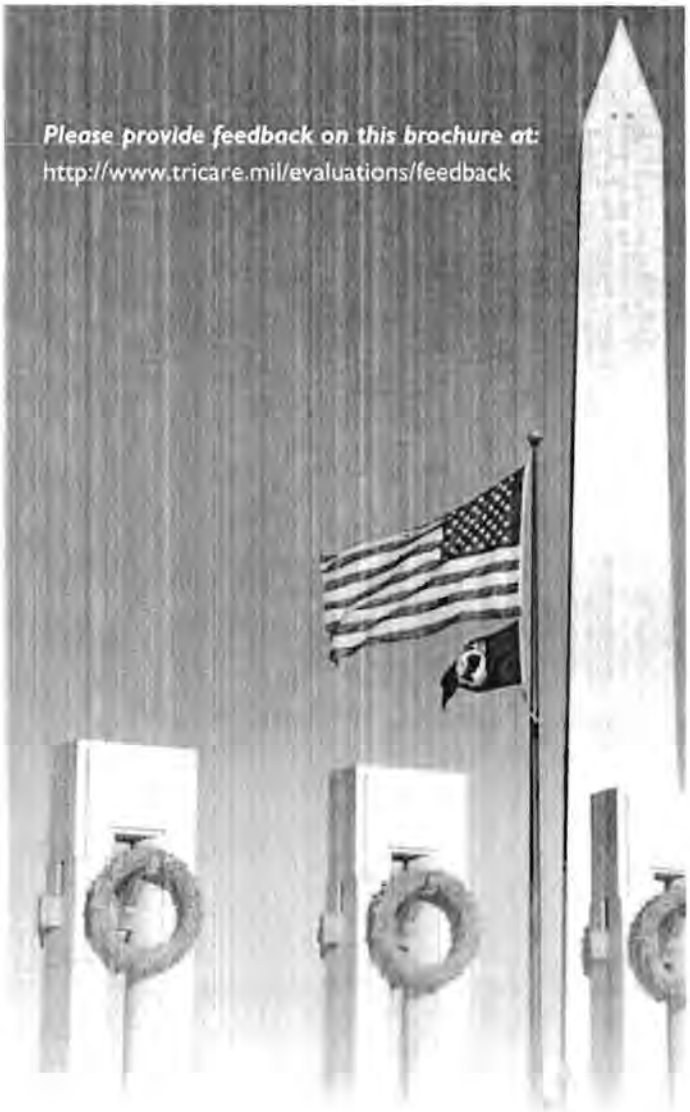
www.TRICAREdentalprogram.com

TRICARE Dental Program

At a Glance

For Active Duty Family Members and National Guard and Reserve Members and Their Families

TRICARE



The TRICARE Dental Program— the Dental Plan for You

United Concordia Companies, Inc. (United Concordia) has been selected by the Department of Defense to continue offering the TRICARE Dental Program (TDP) to family members of active duty uniformed services personnel and to National Guard and Reserve members and their families.

The TRICARE Dental Program is ...

... *Affordable*

Government-shared premiums and cost-shares ensure you get the most coverage for minimal out-of-pocket costs.

... *Portable*

Active duty families move often. The TDP offers coverage worldwide, so when your sponsor changes duty stations, you don't have to change dental plans.

... *Flexible*

Coverage for National Guard and Reserve members and their families changes as the sponsors' status changes from inactive to active duty. The TDP guarantees continuous dental coverage when you need it.

Join the TDP today to enjoy a nationwide network of participating dentists, high-quality customer service, and comprehensive dental coverage designed specifically with you in mind!

An Important Note about TRICARE Dental Program Information

At the time of printing, the information in this publication is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact United Concordia at 1-800-866-8499 (CONUS) or 1-888-418-0466 (OCONUS) or visit them online at www.TRICAREdentalprogram.com.

 www.TRICAREdentalprogram.com

Who Is Eligible?

The TDP is available to:

- Family members of active duty uniformed services personnel*
- Family members of National Guard and Reserve service members
- National Guard and Reserve service members who are not on active duty

Family members include spouses and unmarried children (*including stepchildren, adopted children, and court-appointed wards*) under the age of 21. Unmarried children are eligible up to the end of the month in which they turn 21 and may be eligible up to age 23 in certain circumstances.

To be eligible to enroll in the TDP, the sponsor must have at least 12 months remaining on his or her service commitment at the time of enrollment. This service commitment will be based on the time remaining in any single status or in any uninterrupted combination of active duty, National Guard, or Reserve status.

In some circumstances, the 12-month minimum enrollment requirement may be waived for National Guard and Reserve family members and for sponsors who are activated in support of certain contingency operations. Contact United Concordia Enrollment and Billing at 1-888-622-2256 to determine your eligibility for this waiver.

** The uniformed services include the U.S. Air Force, U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, the Commissioned Corps of the U.S. Public Health Service (USPHS), and the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA).*

Who Is Not Eligible?

The following individuals are not eligible to enroll in the TDP:

- Active duty service members, including National Guard and Reserve members called or ordered to active duty for more than 30 consecutive days
- Retired service members and their families
- Former spouses
- Parents and parents-in-law
- Disabled veterans
- Foreign military personnel

Verifying Eligibility

Eligibility will be verified in the Defense Enrollment Eligibility Reporting System (DEERS) by United Concordia. Please ensure your personal information is updated in DEERS. If eligibility cannot be confirmed, enrollment will be denied.

DEERS information may be verified by contacting the nearest uniformed services personnel office (*where military ID cards are issued*). Sponsors or registered family members may make address and contact information changes; however, only the sponsor can add or delete family members from DEERS. The sponsor must provide proper documentation, such as a marriage certificate, divorce decree, and/or birth certificate.

You may update your DEERS information in one of the following ways:

- Visit the Web site at https://www.dmdc.osd.mil/appj/address/index.jsp. This is the quick and easy way to update your information (*address and contact information only*).
- Visit a local personnel office that has a uniformed services ID card facility or a Real-Time Automated Personnel Identification System (RAPIDS) office. To locate the nearest RAPIDS office, visit www.dmdc.osd.mil/rsl. Call ahead for hours of operation and for instructions.
- Fax changes of address and contact information to the Defense Manpower Data Center Support Office at 1-831-655-8317.
- Call the Defense Manpower Data Center Support Office at 1-800-538-9552 or 1-866-363-2883 (TTY/TDD). Hours of operation: Monday–Friday, 6 a.m. to 3:30 p.m. Pacific Time, except Federal holidays.
- Mail the changed address and contact information to:

  Defense Manpower Data Center
  Support Office
  Attn: COA
  400 Gigling Road
  Seaside, CA 93955-6771

Living Overseas?

The TDP Has You Covered

The CONUS (*inside the Continental United States*) service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The OCONUS (*outside of the Continental United States*) service area includes all other countries, island masses, and territorial waters not in the CONUS service area. Covered services provided on a ship or vessel that is outside the territorial waters of the CONUS service area are covered under the OCONUS service area, regardless of the dentist's office location.

All enrollees are eligible for dental care in both the CONUS and OCONUS service areas. The family member does not have to be command-sponsored or listed on the sponsor's change of assignment orders to receive dental care in the OCONUS service area. However, there is a difference between the cost-share amounts paid by command-sponsored and non-command-sponsored family members. Command-sponsored family members enjoy reduced cost-shares when care is received OCONUS. Family members who are not command-sponsored are responsible for the applicable cost-share portion when care is received in both the CONUS and OCONUS service areas.

The OCONUS service area is further categorized into non-remote and remote locations.

Non-Remote OCONUS Locations

Non-remote OCONUS locations are those countries in which the uniformed services have a fixed overseas dental treatment facility (ODTF). Non-remote countries include:

Azores	Japan
Bahrain	Portugal
Belgium	South Korea
Diego Garcia	Spain
Germany	Turkey
Iceland	United Kingdom
Italy/Sardinia	

Remote OCONUS Locations

Remote OCONUS locations are those countries that do not have a fixed uniformed services ODTF. This includes countries with "part-time" ODTFs. All OCONUS countries not listed on the above Non-remote OCONUS Locations list are considered remote locations.

Policies and procedures vary in OCONUS service areas. Contact your local ODTF or overseas TRICARE Area Office (TAO) before receiving any care. Staff from these facilities will inform you about local dentists, referral procedures, and claims submission.

For additional information about the OCONUS program:

- Contact United Concordia's TDP OCONUS Dental Unit, 24 hours a day, Monday–Friday, toll-free at 1-888-418-0466.*
- Visit www.TRICAREdentalprogram.com.

** From the OCONUS service area, you must first dial your local access code.*

National Guard and Reserve Members and Their Families

Why the TDP Is the *Perfect* Dental Plan for You

The TDP is perfectly designed for National Guard and Reserve sponsors and their families because it uniquely changes as a National Guard or Reserve sponsor's status changes. The TDP offers continuous coverage to family members and only covers National Guard and Reserve sponsors when they need it—when they are not on active duty.

National Guard and Reserve Sponsor Coverage

National Guard and Reserve sponsors are eligible to enroll in the TDP when they are not on active duty—in other words, while on inactive duty or drilling status. If a TDP-enrolled National Guard or Reserve sponsor is called or ordered to active duty for more than 30 consecutive days, he or she will be automatically disenrolled from the program during the period of activation and automatically re-enrolled upon deactivation.

A National Guard or Reserve sponsor's enrollment is separate from his or her family's enrollment and will have a separate monthly premium. The sponsor can be enrolled even if the family is not enrolled.

National Guard and Reserve Family Member Coverage

National Guard and Reserve family members can enroll in the TDP at any time, even if their sponsor does not enroll. The plan offers continuous dental coverage throughout the sponsor's changing status—from inactive to active and back again. In fact, if a National Guard or Reserve sponsor is activated, family members will enjoy reduced monthly premiums when their sponsor is activated, because they are considered "active duty family members" during that period of activation.

The TDP coverage available to National Guard and Reserve members and their families changes depending on the sponsor's status—active or inactive. To see specific information about enrollment eligibility, length of a TDP commitment, monthly premiums, and benefits, visit the TDP Web site at www.TRICAREdentalprogram.com.

Enrolling Is Easy

The active duty, National Guard, or Reserve sponsor must sign the *TDP Enrollment/Change Form*. Family members cannot enroll without the sponsor's signature on the enrollment form. If the sponsor is unavailable, an individual with Power of Attorney (POA) may sign the form, and a copy of the POA must be provided with the form. Failure to provide this documentation will result in denial of the enrollment.

Enrollment in the TDP may be through a single plan or a family plan.

	Single Plan	Family Plan
Who can enroll?	• One National Guard or Reserve member • One eligible family member	• Two or more eligible family members[1]
How much will it cost?	• Premiums vary depending on the number of members enrolled and the sponsor's status (*active vs. inactive*). For current premium amounts, visit www.TRICAREdentalprogram.com or call 1-888-622-2256.	

1. Children under the age of 4 can be voluntarily enrolled at any time. They are automatically enrolled on the first day of the month following the month they reach age 4, if an existing contract is in effect. If the existing contract is for a single family member only, the premium will change from the single plan rate to the family plan rate.

All new enrollees must remain enrolled in the TDP for at least 12 months regardless of any previous enrollment. After completing the 12-month minimum enrollment period, enrollment may be continued on a month-to-month basis. If a National Guard or Reserve sponsor is called or ordered to active duty, that active duty period does not count toward fulfillment of the 12-month enrollment period.

Three Convenient Ways to Enroll

OPTION 1

Online
Go to www.TRICAREdentalprogram.com, complete the online *TDP Enrollment/Change Form*, and use a credit card (*Visa® or MasterCard®*) to make your initial premium payment. Upon completion of the online enrollment process, a transaction number is provided, which you should keep for future reference. If you include your e-mail address on the form, you will receive an e-mail confirmation of your online enrollment.

OPTION 2

Mail
Fill out the *TDP Enrollment/Change Form* and mail it along with your initial premium payment to United Concordia at the following address:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

OPTION 3

Fax
Fax your *TDP Enrollment/Change Form* and initial payment (*credit card only*) to 1-888-734-1944.

You must include an initial payment equal to one month's premium with your enrollment application.

If you need a copy of the enrollment form, you can download it at www.TRICAREdentalprogram.com or call United Concordia at 1-888-622-2256. Forms also are available at local dental treatment facilities.

To ensure your coverage begins as soon as possible, fill out the enrollment form completely. An incomplete application may delay your enrollment or result in denial.

Enrollment Deadlines

If your application is received by the 20th of the month, enrollment will begin the first day of the following month. If your application is received after the 20th of the month, enrollment will begin the first day of the second month. For example, if the enrollment application and initial premium payment are received by February 20, coverage will be effective March 1. If the enrollment application and initial premium payment are received February 21, coverage will be effective April 1. Enrollment is processed according to the date of receipt, not by a postmark date or the date on the application.

Your enrollment in the TDP is confirmed when you receive your dental enrollment card(s) in the mail. You will also receive a *TRICARE Dental Program Benefit Booklet*. The effective date of your coverage will be shown on the enrollment card(s). United Concordia will not consider payment for services provided prior to the effective date of the policy.

Please contact United Concordia at 1-888-622-2256 if you have questions about completing your enrollment application or to confirm the effective date of your TDP coverage.

Monthly Premiums

United Concordia will collect your monthly premiums from your payroll account if sufficient funds are available. If there are insufficient funds or no payroll account is available at the time of billing, United Concordia will bill the sponsor directly for the premium amount by issuing a monthly invoice.

TDP-enrolled sponsors and family members who are both receiving bills directly will receive two monthly invoices. United Concordia will automatically direct-bill for premiums due from Individual Ready Reserve (IRR) service members and from Selected Reserve and IRR family members.

Premiums are paid for a full month of coverage. There are no circumstances when a partial premium can be paid. Payments can be made by check or money order. Electronic billing (eBill) also is available at www.TRICAREdentalprogram.com, and payments can be made with Visa, MasterCard, or electronic checking (ACH). Through eBill, you can pay your balance immediately, schedule payment for a future date, or set up automatic monthly payments.

Costs and Coverage

The following chart provides an overview of enrollee cost-shares for covered services.

Covered Services	Pay Grades E-1, E-2, E-3, and E-4	All Other Pay Grades	OCONUS Command-Sponsored Enrollees[1]
Diagnostic	0%	0%	0%
Preventive (*except sealants*)	0%	0%	0%
Sealants	20%	20%	0%
Consultation/ Office Visit	20%	20%	0%
Basic Restorative	20%	20%	0%
Endodontic	30%	40%	0%
Periodontic	30%	40%	0%
Oral Surgery	30%	40%	0%
General Anesthesia	40%	40%	0%
Intravenous Sedation	50%	50%	0%
Miscellaneous Services (*occlusal guard, athletic mouthguard*)	50%	50%	0%
Other Restorative	50%	50%	50%
Implant Services	50%	50%	50%
Prosthodontic	50%	50%	50%
Orthodontic[2]	50%	50%	50%

1. Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) *sponsors are responsible for the applicable cost-share portion regardless of where the treatment is received.*

2. Age limitations apply to orthodontic services.

Maximums

The TDP limits how much can be paid for dental services per enrollee. The following table outlines the TDP maximum amounts.

Maximum Benefit Type	Maximum Amount
Dental Program Annual Maximum Benefit	• $1,200 per enrollee per contract year (*February 1–January 31 each year*) for non-orthodontic services
Orthodontic Lifetime Maximum Benefit[1]	• $1,500 per enrollee for orthodontic treatment. If an enrollee receives orthodontic services, payments for these services will not exceed $1,500 during the enrollee's eligibility lifetime. • Orthodontic diagnostic services will be applied to the $1,200 dental program annual maximum.

1. Age limitations apply to orthodontic services.

For more information, including a complete list of TDP-covered services, visit www.TRICAREdentalprogram.com or contact United Concordia at 1-800-866-8499.

Choosing a Dentist

Participating Dentists

While you may receive dental care from any licensed/authorized dentist, you can save money and time by choosing a United Concordia participating dentist. Participating dentists have agreed to accept United Concordia's allowances for covered services. They do not require full payment at the time of service—only the applicable cost-share. Additionally, they will submit your claims for you.

To find a participating dentist, call United Concordia at 1-800-866-8499 or visit the Web site at www.TRICAREdentalprogram.com and click on "Find a Dentist" under the Enrollees tab. You can search for a dentist by last name, specialty, city, county, or ZIP code. The online directory is updated weekly.

You also can contact your local Beneficiary Counseling and Assistance Coordinator (BCAC) for assistance in finding a participating dentist. Visit the BCAC directory online at www.tricare.mil/bcacdcao.

United Concordia participating dentists are available only in the CONUS service area.

Nonparticipating Dentists

You also can access care from nonparticipating dentists. However, nonparticipating dentists may require payment at the time services are received. In addition, you will pay any difference between United Concordia's allowance and the dentist's usual charge, as well as the applicable cost-shares. You also may be required to file your own claims.

OCONUS Dentists

United Concordia maintains a list of dental providers in the OCONUS service area on the Web site at www.TRICAREdentalprogram.com. Click on "Find an Overseas Host Nation Provider" under the Enrollees tab. The ODTFs and TRICARE Area Offices (TAOs) can provide a list of host nation dentists from the TDP Web site.

Included in this directory are TRICARE OCONUS Preferred Dentists (TOPDs). TOPDs have agreed to the following:

- TOPDs will not require you to pay their full charge at the time of service—only your applicable cost-share, if any.
- TOPDs will complete and submit your claim forms.
- TOPDs will submit predeterminations for complex and costly services prior to rendering treatment.

The TOPD program is a new initiative that began in 2007 and is not currently available in all OCONUS non-remote locations. Check the TDP Web site for availability in your area.

You do not have to utilize a TOPD to receive TDP OCONUS benefits; however, with a non-TOPD provider, you may be required to pay for services before you receive care. You may also be required to submit your own claim and other required documentation.

See the "Living Overseas?" section of this brochure for information on obtaining dental care in the OCONUS service area.

For Information and Assistance

Customer Service

Customer Service (CONUS Service Area)

United Concordia
TDP Customer Service
P.O. Box 69410
Harrisburg, PA 17106-9410

1-800-866-8499 (*toll-free*)
24 hours per day, Monday–Friday
1-800-891-1854 (*toll-free TDD*)

E-mail: conus@ucci.com

Customer Service (OCONUS Service Area)

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418

1-888-418-0466* (*toll-free*)
24 hours per day, Monday–Friday

E-mail: oconus@ucci.com

** From the OCONUS service area, you must first dial your local access code. Representatives are available to assist members in English, German, Italian, Japanese, Korean, and Spanish.*

Enrollment and Billing

TDP Enrollment/Change Form and Initial Payment

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

Fax (*credit card enrollments only*):
1-888-734-1944 (*toll-free*)

Enrollment and Billing Customer Service

1-888-622-2256 (*toll-free*)
8 a.m.–8 p.m. Eastern Time, Monday–Friday

General Correspondence

United Concordia
TDP Enrollment and Billing
P.O. Box 69426
Harrisburg, PA 17106-9426

E-mail: eabem@ucci.com

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UNITED CONCORDIA

TRICARE Dental Program

TDP ENROLLMENT/CHANGE FORM

- ☐ New Enrollment/Re-enrollment (complete entire form)
  Choose when a policy does not currently exist.
- ☐ Add Family Member (complete sections A, B, E and F)
  Choose when a policy already exists for one or more family members.
- ☐ Cancel Enrollment (complete sections A, C and F)
  Choose when an entire contract needs to be canceled.
- ☐ Change Address/Telephone # (complete sections A, B and F)
  If the update applies only to certain family members, list in section B.
- ☐ Cancel Individual Family Member
  (complete sections A, B, C and F)
  Choose when one or more family members need to be canceled, but one or more will remain enrolled.

NOTE: Incomplete information on this form will delay your enrollment.

SECTION A

Sponsor Social Security Number	Sponsor Name (Last, First, Middle Initial)			Date of Birth (mm/dd/yy)	Sex ☐ M ☐ F
Home Address				Home Phone ( )	
City	State	Zip Code	Country	E-mail Address	

Sponsor's Military Status
☐ Active Duty* ☐ AGR* ☐ SELRES ☐ IRR
*If Active Duty or AGR, you may only enroll eligible family members, not yourself.

Please indicate if you intend to remain in the service for at least 12 months.
☐ Yes ☐ No (If no, you will not be enrolled.)
(See Section A on reverse side for "Notice of Intent.")

SECTION B

ALL ELIGIBLE FAMILY MEMBERS, AGE FOUR OR OLDER, RESIDING AT THE SAME ADDRESS, MUST BE ENROLLED IF ANY ONE OF THEM IS ENROLLED. PLEASE LIST ALL FAMILY MEMBERS TO WHOM THIS ENROLLMENT/CHANGE PERTAINS.

1. **If you are a Reservist, to whom does this enrollment/change request pertain?** ☐ Sponsor only ☐ Reserve family only ☐ Reserve Sponsor and family
Note: Reserve Sponsors and Reserve family members are separate contracts, but may enroll on a single form.

	Last Name	First Name	Sex	Date of Birth (mm/dd/yy)	Address (if different than Sponsor's)
Spouse				/ /	
Family Member				/ /	
Family Member				/ /	
Family Member				/ /	
Family Member				/ /	

Please list additional family member(s) on a separate sheet and attach to the enrollment form.

SECTION C

Cancel Reason _____ (see Section C on reverse side) If other, please explain _____

SECTION D

Amount of Initial Payment (see Section D on reverse side)	Method of Initial Payment ☐ Check or money order ☐ Visa® ☐ MasterCard®
Credit Card Number - - -	Expiration Date /
Name of card holder as it appears on credit card	Authorized Signature

SECTION E

1. Do you or your family member(s) have other dental insurance? ☐ Yes ☐ No **If yes, please complete the following information:**

Policy Holder	Insurance Company	Policy Number
Effective Date of Policy (mm/dd/ccyy)	Please list family members covered under this policy:	

2. Is your spouse a uniformed services member? ☐ Yes ☐ No
If yes, spouse's SSN:

SECTION F

This is my application for coverage, or change to coverage, under the TRICARE Dental Program. I authorize monthly deductions of required premiums from my earnings if my coverage and pay status permit payroll deduction. I understand and agree that IRR Sponsors and Selected Reserve and IRR family members will be billed directly for the cost of coverage. I understand that enrollment is subject to verification of eligibility and receipt of one month's premium payment. I understand that coverage does not begin upon deposit of my initial premium payment. For applications received by the 20th of each month, coverage will become effective the first day of the next month. For applications received after the 20th of each month, coverage will not become effective until the first day of the second month. I must remain enrolled for a minimum of 12 months. Cancellation is not automatic upon fulfillment of this period and must be initiated by the Sponsor. I understand that I am responsible for full payment of any dental services provided prior to the effective date or after the cancellation date of the policy. (See Section F on back of form for important information.)

Sponsor's Signature: _____ Date: _____

Because personal information is being requested from you, we are required by the Privacy Act of 1974 to notify you of the following. This information is requested under the authority of Chapter 55, Title 10, United States Code, Section 1076a. The information will be used to determine eligibility for enrollment in the TRICARE Dental Program (TDP). Disclosure is voluntary; however, failure to provide all information may delay or prevent enrollment in the TDP.

Instructions for completion of form on back.

Most of the *TDP Enrollment/Change Form* is self-explanatory; however, there are certain fields to which special attention should be paid.

Section A: All information in this section refers to the Sponsor.

AGR = Active Guard/Reserve; SELRES = Selected Reserve; IRR = Individual Ready Reserve

Notice of Intent – The TDP has a mandatory 12-month enrollment period. If your Expiration of Term of Service (ETS) date is less than 12 months away, you are not eligible for the TDP unless you intend to continue your service commitment for at least 12 months. This service commitment is calculated based on the time remaining in your current status (Active Duty, Selected Reserve or IRR) plus any uninterrupted combination thereof. **By applying for this program, you are agreeing to a minimum 12-month enrollment and to any premium rate changes that occur during this period.** If you intend to remain in the service for at least 12 months, please check yes. **Failure to pay the premiums during the 12-month enrollment commitment will result in termination of the dental coverage and may result in the referral of the account to a collection agency.**

Section B: All information in this section refers to the family member(s).

Section C: Please indicate (with a value listed below) the reason for cancellation.

G – Transfer to duty station where space-available dental care is readily available in the Military Dental Treatment Facility

J – Moved to an OCONUS location

N – Voluntary disenrollment by Sponsor

O – Voluntary disenrollment by family member (Sponsor signature required)

P – Dissatisfied with program after 12-month mandatory enrollment period is completed

99 – Other reason not listed. Please explain in the space provided.

Section D: Initial payment of one month's premium must be sent with the completed enrollment form in order to process your application. **The first month's premium must be included.** If enrolling a reservist and family, only one check or money order for the total premium amount should be sent. **Please include the Sponsor's SSN on the memo portion of the check or money order.** You will be charged a processing fee of $20.00 for any check returned due to insufficient funds. Subsequent monthly payments will be either deducted from your military pay account or billed directly. Other available options are: automatic withdrawal from your checking account or a charge to your credit card. **Checks and money orders should be made payable to United Concordia/TDP.** Information regarding payment options can also be found at www.TRICAREdentalprogram.com.

Section E: All information in this section pertains to other dental insurance.

For question #2, if this is a joint service marriage, please check yes and list spouse's SSN.

Section F: The *TDP Enrollment/Change Form* must be signed by the Sponsor. An individual with Power of Attorney (POA) may sign for the Sponsor; however, the entire copy of the valid POA must be submitted with the *TDP Enrollment/Change Form*.

Monthly Premiums

	Active Duty		Selected Reserve				Individual Ready Reserve			
	Single Premium (one family member)	Family Premium (more than one family member)	Sponsor-Only Premium	Single Premium* (one family member, excluding Sponsor)	Family Premium (more than one family member, excluding Sponsor)	Sponsor Premium plus Family Premium	Sponsor-Only Premium	Single Premium* (one family member, excluding Sponsor)	Family Premium (more than one family member, excluding Sponsor)	Sponsor Premium plus Family Premium
Feb 1, 2009–Jan 31, 2010	$12.12	$30.29	$12.12	$30.29	$75.73	$87.85	$30.29	$30.29	$75.73	$106.02
Feb 1, 2010–Jan 31, 2011	$12.69	$31.72	$12.69	$31.72	$79.29	$91.98	$31.72	$31.72	$79.29	$111.01

* If both the Sponsor and a single family member are enrolling, the premium due is the total of the Sponsor-only premium and the single premium.

For help completing the *TDP Enrollment/Change Form*, call:
1-888-622-2256
The *TDP Enrollment/Change Form* may be faxed to:
1-888-734-1944

Send *TDP Enrollment/Change Forms* with payments to:
United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

For all other enrollment changes and correspondence:
United Concordia
TDP Enrollment and Billing
P.O. Box 69426
Harrisburg, PA 17106-9426

Additional TDP information can be found at www.TRICAREdentalprogram.com.

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Completing the TDP Claim Form

AGENCY DISCLOSURE STATEMENT - The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS.
The completed form should be sent to United Concordia, TDP CONUS Dental Unit, P.O. Box 69411, Harrisburg, PA 17106-9411

Most of the TDP Claim Form is self-explanatory; however, there are certain fields to which special attention should be paid:

- **Upper left corner. Dentist's Claim Form:** Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services actually received.
- **Box 2. Relationship to sponsor:** For example, self, spouse, or child.
- **Box 7. Sponsor's Social Security number (SSN):** The sponsor's nine-digit SSN **must** appear on every claim form.
- **Box 8. Patient mailing address:** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, state, country, and postal mailing code.
- **Box 10. Release of Information**
- **Box 13. Is patient covered by another dental plan?:** Check "No" if the family member has no other dental insurance. If the family member has additional dental insurance, please check "Yes" and include the plan name, insured name and Social Security number, group number, and address of the other carrier.
- **Box 14. Assignment of Benefits:** Sign if the family member, parent, or guardian wants to assign payment of benefits to the dentist; if signed, United Concordia will send payment to the dentist directly.
- **Box 15. Dentist name; 15a. Provider no.:** The provider number represents the provider number assigned by United Concordia.
- **Box 16. Mailing address:** Include street, city, state, country, and postal mailing code.
- **Box 30. Examination and treatment plan:** Provide a detailed description of the services performed, including applicable tooth numbers, dates of service, and the fee charged.

General Instructions

- Submit a separate claim form for each family member who receives treatment.
- **All claim forms should be submitted to United Concordia as soon as possible after the service date**, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The member must sign the appropriate sections of the claim form. If the family member is under 18 years of age, the parent or guardian must sign the form.
- The dentist must sign the appropriate sections of the claim form.

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TRICARE Dental Program

DENTIST'S CLAIM FORM

Check One: ☐ Dentist's pre-treatment estimate ☐ Dentist's statement of actual services

UNITED CONCORDIA
TRICARE Dental Program
Claims Processing
P.O. Box 69411
Harrisburg, PA 17106-9411

Form Approved
OMB No. 0720-0035
Expires Jan. 31, 2009

PATIENT SECTION

1. Patient name
2. Relationship to sponsor: self | spouse | child | other
3. Sex: m | f
4. Patient birthdate: mo | day | year
5. If full-time student: school | city
6. Sponsor's name: First | Middle | Last
7. Sponsor's Social Security number (SSN)
8. Patient mailing address
City, State, Zip
9. Telephone number
10. I have reviewed the following treatment plan. I authorize release of any information relating to this claim.
Signature (patient or parent if minor) | Date
11. Branch of service
12. Group name
TRICARE Dental Program
13. Is patient covered by another dental plan? ☐ yes ☐ no
Dental plan name
Insured name and Subscriber Identifier (SSN or ID#)
Group no.
Name and address of carrier
14. I hereby authorize payment of my group insurance benefits, otherwise payable to me, to the dentist listed below.
Signature (insured person) | Date

DENTIST SECTION

15. Dentist name
15a. Provider no.
16. Mailing address–street address
City, State, Zip
17. Dentist SSN or T.I.N.
18. Dentist license no.
19. Dentist phone no.
20. First visit date current series
21. Place of treatment: Office | Hosp. | ECF | Other
22. Radiographs and/or documentation enclosed? No | Yes | How Many?

	No	Yes	
23. Is treatment result of occupational illness or injury?			If yes, enter brief description and dates
24. Is treatment result of auto accident?			
25. Other accident?			
26. If prosthesis, is this initial placement?			(If no, reason for replacement) 27. Date of prior placement
28. Is treatment for orthodontics?			Appliance insertion date / Total length of treatment
29. Transfer patient?			If yes, reband date / If no, starting date of treatment
Was patient rebanded?			

30. Examination and treatment plan—list in order from Tooth No. 1 through Tooth No. 32—Use charting system shown.

TOOTH NO. OR LETTER	SURFACE	DESCRIPTION OF SERVICES (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED MO.	DAY	YR.	PROCEDURE CODE	FEE CHARGED

MISSING TEETH INFORMATION

31. Place an 'X' on each missing tooth

Permanent																Primary									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K

32. TOTAL FEE CHARGED $0.00

33. Remarks for unusual services

34. PAYMENT OR COPAY OF OTHER PLAN

35. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practice.

Signature (Dentist) | Date