

# Statement of Competent Medical Authority for Medical Travel – Service Member (SM)

Section I Patient information										
Name:					E-mail:					
Date of Birth:			Phone:			DEROS:				
Sponsor's Name/Rank & DODID:					Sponsor's Unit:					
Non-medical Attendant's Name:					Relationship to Patient & DODID:					
I authorize clinic staff to securely send this form to me			<input type="checkbox"/> Yes		<input type="checkbox"/> No, I prefer to be called and pick form up from clinic					
Signature of patient:							Date:			
Section II CMA Certification (To be Completed by the Referring Provider Prior to Travel)										
Referring Clinic:					Treatment is medically necessary:			<input type="checkbox"/> No		<input type="checkbox"/> Yes
Treatment is:	<input type="checkbox"/> Urgent- 24-72 hours		<input type="checkbox"/> Priority – 7 working days		<input type="checkbox"/> Routine - 28 days		<input type="checkbox"/> Delayed until after DEROS			
Is a non-medical attendant (NMA) medically required?				<input type="checkbox"/> No		<input type="checkbox"/> Yes, because:				
Has provider informed patient or patient/guardian on CMA requirements and procedures?							<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Full name Signature & stamp of referring provider:							Date:			
Section III Referring Medical Treatment Facility Review/Approval										
Is care available on the Local Network?			<input type="checkbox"/> No		Yes, explain why travel is recommended:					
Is the referred/clinic more than 100 miles away from patient's assigned clinic?					<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Is Telehealth available for this encounter?			<input type="checkbox"/> No		Yes, explain why not used:					
The most appropriate location is:										
Concur/Non-Concur:					Date:					
<small>(Referral Management Office or delegate's name and rank)</small>					<small>(signature)</small>					
Section IV Unit Commander's Approval (must be obtained prior to travel)										
1. Is government transportation available to support this appointment?										
2. Statement of non-availability of government transportation uploaded into Defense Travel System (DTS)?										
3. Invitational Travel Orders (ITO) have been approved for non-medical attendant (NMA)?										
4. DTS has been approved prior to travel?										
Approved:					Date:					
<small>(Commander's name and rank)</small>					<small>(Signature)</small>					
IAW AR 40-400, reimbursement of active duty Army Soldiers and their NMAs for the costs for outpatient medical care is chargeable to the operating funds of the Soldier's unit. Inpatient (i.e. MEDEVAC) /Outpatient (i.e. traveling by POV) status is designated at the time travel begins and is not determined by the intent of the travel (to become admitted).										
Section V Validation of Kept Appointment from Clinic (required for reimbursement)										
I validate that the patient attended the following appointment:										
Appointment date:			Appointment Time:			Clinic:				
<small>(Validator's First and Last Name)</small>					<small>(signature)</small>			<small>( phone #)</small>		
*IAW the JTR, family members are reimbursed actual expenses only. All receipts must be kept and submitted for reimbursement regardless of the amount.										