

ALOHA!

WELCOME TO TRIPLER ARMY MEDICAL CENTER
JOINT PATIENT LIAISON OFFICE (JPLO)
DHA PRIME TRAVEL BENEFITS (PTB) PROGRAM



Hours of Operation: 7:30 AM - 4:00 PM HST (Monday-Thursday)
7:30 AM - 3:00 PM HST (Friday)

JPLO Front Desk Clerk: 808-433-2068

Army Liaison Numbers:
808-433-6114, 808-433-4148, 808-433-9807

JPLO After Hours: 808-425-1523

Email distro: dha.tripler.tripler-amc.list.pad-army-liasons@health.mil

Location: Room 1B 103 (Across from Anuenue Café)

CLOSED ON ALL FEDERAL HOLIDAYS

Traveler Name: _____

Sponsor SSN: _____

Branch of Service: _____

One packet per traveler

HELPFUL INFORMATION

- **TRAVELERS PRESENT IN HAWAII MUST COMPLETE A FACE-TO-FACE INTERVIEW WITH THE JPLO TEAM IN ORDER FOR YOUR DTS AUTHORIZATION TO BE APPROVED.**
- **PER DHA 7000.100, ENCLOSURE 3, TABLES 3 AND 4, ALL OUTPATIENT TREATMENT OF ACTIVE DUTY SERVICE MEMBERS (ADSM) AND THEIR NON-MEDICAL ATTENDANTS (NMA) WILL BE FUNDED AT SM UNIT'S EXPENSE.**
- **JPLO IS ONLY RESPONSIBLE FOR FUNDING ONE PATIENT AND ONE NON-MEDICAL ATTENDANT (NMA) IAW THE DHA PRIME TRAVEL BENEFITS PROGRAM. ANY ACCOMPANYING DEPENDENTS WILL BE AT OWN COST OR AT SM UNIT'S FUNDS, IAW JOINT TRAVEL REGULATION (JTR) FOR OCONUS MEDICAL TRAVEL - PARA 0332.**
- **ONCE FLIGHTS HAVE BEEN BOOKED, THE TRAVELER MUST CALL THE AIRLINE TO CONFIRM THE FLIGHT HAS BEEN TICKETED. IF FLIGHT HAS NOT BEEN TICKETED BY THE DEPARTURE DATE, YOU MUST CONTACT JPLO OR CWT SATO FOR HELP WITH BOOKING.**
- **ALL NON ACTIVE DUTY PERSONNEL MUST PRESENT ITEMIZED RECEIPTS FOR ALL MEALS PURCHASED. NO MATTER THE COST.**
- **IF PATIENT IS A CHILD (AGES 6-12), THEY WILL RECEIVE ½ OF LOCALITY PER DIEM; CHILD (AGES 5 OR UNDER) WILL RECEIVE ¼ OF LOCALITY PER DIEM.**
- **ANY FLIGHTS PAID FOR OUT OF POCKET WILL ONLY BE REIMBURSED UP TO GOVERNMENT RATE FROM THE CITY PAIRS PROGRAM (CPP), **LIKELY MUCH LOWER THAN ACTUAL COST.****
- **PER THE JOINT TRAVEL REGULATION, THIRD PARTY RESERVATIONS (I.E. EXPEDIA, TRAVELOCITY, BOOKING, KAYAK, AND ANY OTHER BOOKING ENGINE) WILL NOT BE REIMBURSED.**
- **ONCE THE TRAVEL AUTHORIZATION HAS BEEN APPROVED, ANY CHANGES TO FLIGHT ITINERARY, OR ANY OTHER RESERVATIONS WILL BE THE TRAVELER'S RESPONSIBILITY. TRAVELERS WILL CONTACT THEIR RESPECTIVE SATO OFFICE FOR ASSISTANCE AND REPORT CHANGES TO JPLO AND/OR SM UNIT IMMEDIATELY.**
- **YOUR DTS PROFILE MUST BE UP TO DATE PRIOR TO COMPLETING ALOHA PACKET. IT IS NOT THE RESPONSIBILITY OF THE JPLO TEAM TO UPDATE ANY PROFILES, INCLUDING BANKING INFORMATION, GOVERNMENT TRAVEL CARDS, REIMBURSEMENT OPTIONS, ADDRESSES, ETC.**

MEDICAL TDY REQUIREMENTS

The content of this memorandum applies to **ALL** personnel requiring medical temporary duty (MTDY) travel. This includes but is not limited to patients, medical attendants and non-medical attendants. Please read each section carefully, initial after each paragraph, sign and date at the bottom of the form. Keep in mind that you are traveling at the expense of the government for medical reasons **ONLY**. All arrangements including care for additional family members, pets, household issues and any other personal matters must be made by you at your own expense prior to your departure for Medical TDY. Signing this form indicates that you completely **understand** and **agree** to follow the instructions provided.

MEDICAL TDY DEFINED

Entitlements for Medical TDY differ from the entitlements of other types of TDYs. All entitlements follow the guidelines that are set by the Joint Travel Regulation (JTR) and by Tripler Army Medical Center Hospital Policies for medical care. Travel orders are generally created so that the traveler can arrive at the location of treatment the day prior to first appointment but can be adjusted due to specific circumstances. The orders will have a return date on the day after the last appointment. Dates will not exceed 30 days on one set of orders. For all Medical TDY that exceeds 30 days and up to 180 days, all orders will be created in 30-day increments unless Split Partial Payments (SPP) are required. Any travel for medical care that exceeds a total of 180 days is considered as long-term care. If treatment is required for more than 180 days, the sponsor's unit must decide from one of the following and have the plan of action in place BEFORE the end of the 180th day so as not to interfere with medical care:

1. Sponsor's unit assumes responsibility for funding for entitlements exceeding 180 days.
2. If patient is the Service Member the unit can decide on attachment to closest SRU or possible compassionate reassignment for medical justification.
3. If patient is the dependent of a Service Member the unit/sponsor can request an Early Return of Dependents (ERD) and/or compassionate reassignment of sponsor for medical justification.
4. Soldiers being compassionately reassigned following their MTDY must provide their report date to JPLO. The day prior to the report date will be their last day of MTDY.

Initials _____

AUTHORIZED PURCHASES

Please note that all authorized expenses related to your Medical TDY should be annotated or listed on your travel orders. Authorized purchases are defined as necessary expenses related to Medical TDY include cost for food, lodging and modes of transportation (rentals, taxis or shuttle service, fuel, parking, etc.). These expenses **ARE NOT** authorized to exceed the daily authorized rate indicated on your orders.

NOTE: Recreational purchases, novelty items, non-nutritious foods such as candy/soda when not consumed with a meal, coffee when not consumed with a meal are a few examples of purchases that **ARE NOT** authorized. **Alcohol is not authorized.** The JPLO NCOIC will make the final decision on non-authorized purchases.

Initials _____

THIRD PARTY RESERVATIONS

Making reservations utilizing a third party is **NOT AUTHORIZED**. Any reservations for flight, lodging, rentals, etc. through a third-party entity will not be authorized for reimbursement and any expenses made will be at the traveler's own cost. Examples of third-party entities include but are not limited to Expedia, Orbitz, Priceline or any travel agency outside of SATO Travel. No online purchases are authorized for reimbursement for medical TDY purposes at any time. **ANY THIRD PARTY PURCHASE WILL BE AT THE TRAVELER'S EXPENSE AND WILL NOT BE REIMBURESD REGARDLESS OF THE COST.**

Initials _____

AIRLINES AND FLIGHT ARRANGEMENTS

Please submit requests for all special needs in advance for flight arrangements (i.e., additional seating, space to accommodate large equipment, etc.). Business/First Class travel bookings or upgrades **WILL NOT** be authorized for government reimbursement. Flight upgrades and/or adjustments to travel rely solely on the traveler and at the traveler's expense without reimbursement, no exceptions. Any needs addressed after creation of travel authorizations will be addressed directly to the airlines by the traveler and any incurred fees for changes will be at the traveler's expense. All requests for amending orders must fall within the guidelines of the JTR.

Traveler is authorized **one (1) checked bag** (not to exceed 50 lbs.) and **one (1) carry-on bag** (that is able to fit in the overhead compartment). **Any additional fees incurred for luggage not meeting airline policies will be the traveler's responsibility and not authorized reimbursement.** Travelers will verify their individual carrier's restrictions before traveling. **It is the traveler's responsibility to present their travel orders to the airline while checking in for flights to avoid paying baggage fees.**

Personally purchased tickets are not authorized without prior approval. All airline tickets are requested and purchased through the Defense Travel System (DTS) by the JPLO staff. All requests for reimbursement for personally purchased tickets must be submitted through a memorandum with justification. Travel will include one departure flight to location of treatment and one return flight to place of residence (one round trip ticket for MTDY). Departing flights will generally be scheduled for arrival the day before the first medical appointment and return flights will be the day after the last appointment. **Please be aware that flight itineraries are typically generated by CWT SATO roughly 3 days prior to departure flight. It is the traveler's responsibility to verify they have received an itinerary prior to their departure.**

Initials _____

PER DIEM

Per Diem is the combined allowances for lodging, meals and incidentals. This is based upon the most recent 'cost of living' assessment made by The Defense Finance and Accounting Service (DFAS) for the TDY area the traveler will be located. There is a maximum amount of per diem authorized for lodging and for meals and incidentals.

Reimbursement is only authorized up to these predetermined amounts which are listed on the travel orders. For Active Duty Service Members (ADSM), meals and incidentals are generally paid at a predetermined average daily rate. Any purchases that exceed that rate are not authorized for reimbursement.

Meals and Incidentals for Non Active Duty personnel **WILL NOT** be reimbursed at a flat rate; these charges will be an at cost reimbursement. Tips for meals will not be considered an additional reimbursement. Tips are included as part of the meals and incidentals entitlements and will not exceed 15% of the traveler's specific meal. At cost reimbursements **MUST** be supported by itemized receipts for medical TDY funded by Tripler Army Medical Center. Individuals traveling for inpatient care are not authorized certain per diem entitlements. Majority of the medical facilities will provide lodging, meals and incidentals. In the event this is not the case then verification of entitlements will be made before voucher claim is processed.

Parking expenses for specialty care appointments, medical facilities, hotels, and airports or train terminals are reimbursable at the most economical rate. Valet parking may be reimbursed only if no other options are available or if required for medical reasons. Parking expenses for meals, shopping, and similar activities are not reimbursable. Any overnight parking at the airport will NOT be reimbursed. If traveler uses taxi, Uber, or any other cab service, they must provide receipts for reimbursement.

Initials _____

RENTAL VEHICLES / PUBLIC TRANSPORTATION

The JPLO staff will complete a rental car analysis for travelers requesting a rental car. If the analysis is considered for disapproval, then a **RENTAL CAR MEMO** must be filled out and signed by the patient's provider explaining as to why a rental vehicle is necessary versus the use of a taxi or shuttle. **If the traveler rents a vehicle without prior authorization, reimbursement will not be authorized.** There are no exceptions to this policy. This includes all expenses incurred during the renting of a vehicle such as fuel and parking. **If a rental car is authorized only compact/economy sized rental vehicles will qualify for reimbursement under these instructions.** The JPLO staff will generate MTDY orders and approval documents for the rental vehicle and will make the appropriate reservations for the rental vehicle. If the JPLO staff are unable to reserve a rental vehicle, the traveler will have to personally reserve one and must follow the same rental guidelines. If the traveler rents a vehicle that is not a compact/economy sized vehicle, then reimbursement will only be provided at the estimated government rate for an approved size vehicle. Additionally, the renter will only qualify for a percentage of the fuel costs incurred and will not be reimbursed for the full amount of fuel costs.

Incidental fees incurred for renting a vehicle larger than the approved sizes will be the renter's responsibility and will not be reimbursed. The primary purpose for the U.S. Government to authorize a client/patient the option to rent a vehicle is to provide a means of travel from the renter's place of lodging to the medical facility and return and for dining purposes in the immediate area. Travel will be for appointments/treatment and to the nearest surrounding area for meals. Any excessive mileage or fuel costs that are noted shall **NOT** be approved for reimbursement. Determination of excessive travel is solely reserved for the approving official. Public transportation such as taxi, shuttle, train or bus will only be used in the same manner as a rental car and will not be used for leisure purposes. Reimbursement of the cost of public transportation is authorized within the guidelines of the JTR. Reimbursement for tips for public transportation must not exceed 20% and requires a receipt as evidence.

Initials _____

LODGING

Travelers in most cases will be assigned lodging pending availability and accessibility. In rare cases when authorized by the JPLO staff, the traveler will be responsible for making arrangements for lodging. Travelers must stay in government approved lodging while on MTDY. In the event the traveler must make their own reservations, they are required to check MTDY orders or contact the JPLO staff to inquire about the authorized per diem rate in order to find a hotel closest to that amount. Lodging allowance is not authorized if traveling for inpatient care. Lodging entitlements are not authorized for travelers staying with friends or family. Lodging entitlements are authorized for temporary establishments such as hotels (not housing or apartments, due to reimbursement for utilities are not authorized). If the TDY consists of a patient and an attendant, then lodging will only be authorized for one of the two travelers.

Initials _____

ATTENDANTS

Attendants are listed as Medical or Non-Medical (NMA). Attendants can only be requested by the patient’s attending/referring physician by memorandum for record only. There must be medical justification for requesting an attendant. If needed, JPLO can provide an NMA memo template. Moral or emotional support ARE NOT justifiable reasons for an attendant and will not be approved. If approved, attendants must complete their own travel packet with the JPLO staff before authorizations are created. Individuals under 18 years of age or with physical or mental disabilities will not be eligible to be an attendant. **MINORS WILL NOT BE AUTHORIZED FOR THE ROLE OF NMA.** Attendants must be able to perform the duties as described in the JTR and care for the patient during the length of the medical TDY. Duties are to escort the patient to and from the designated medical treatment facility and take care of patient as needed. An attendant must stay with the patient at all times and will not be relieved of their duties until the patient has been accepted by the medical treatment facility if inpatient, or until their return to the referring facility if outpatient. One round trip travel is authorized for the designated attendant at government expense. If the attendant must hand over responsibilities to another for personal reasons, then all travel expenses related to that transfer for both parties will be at their own expense. Per Diem will transfer to new attendant once new attendant has taken responsibilities. Any adjustments or changes in attendant status must be communicated with the JPLO staff before action takes place. Failure to do so will result in possible non reimbursement.

Initials _____

ADVANCES

Travel advances must be requested prior to the commencement of MTDY orders. **PLEASE NOTE:** A request for advance travel pay is not always approved. Once authorizations are created, **NO** amendments to the travel advance will be made. If traveler is a Government Credit Card holder no advance is authorized. Only a percentage of the estimated travel cost will be authorized for an advance, and its purpose is to be used to procure lodging and any other travel specific needs. Any receipts that are submitted for purchases that **WERE NOT** authorized, or a lack of receipts **WILL NOT BE** approved for reimbursement. Authorized receipts **MUST** be provided covering equal to or greater than the amount of the advance given when processing claim. If receipts do not at a minimum equal the amount of the advance, the remaining balance will be processed as a debt to the government. It is the traveler’s responsibility to return unused funds to cover that advance. Any authorized expenses exceeding the amount of the advance will be reimbursed.

Initials _____

VOUCHER PROCESSING

Travelers are responsible for providing all authorized itemized receipts pertaining to their medical TDY **within five (5)** working days of the date of return from travel. If the JPLO staff has not received the traveler's receipts within that prescribed time frame, then the voucher will be processed with a zero reimbursed balance. Once JPLO receives the receipts and the voucher is created the traveler will have 5 days from the date given to verify, sign, date and return the voucher to the JPLO staff for processing. If after 5 days JPLO does not receive the signed voucher, the travel balance will be zeroed, and the voucher will be processed for no reimbursement. If the traveler requested a travel advance or received a Scheduled Partial Payment (SPP), then a debt to the government in the amount of that advance will be initiated and a collection of the debt will be processed. In order to amend a closed voucher, the traveler and their Commander (if applicable) will need to provide a memorandum requesting an amendment and **MUST** provide a verifiable justification as to why receipts could not be provided, or the voucher was not signed and completed. If the Medical TDY needs to be extended, the provider must provide an extension request in a memorandum for record format.

Initials _____

RECEIPT REQUIREMENTS FOR TRAVELERS
(APPLIES TO ALL INDIVIDUALS TRAVELING ON MEDICAL TDY)

All **Non Active Duty personnel** must keep **ALL** copies of receipts of authorized purchases, regardless of amount. ADSM must keep receipts for lodging, transportation, and any other expenses related to transportation (i.e., fuel, parking, etc.) regardless of amount. The receipts **MUST** be itemized showing exactly what was purchased, the date of purchase, method of payment, total amount paid and cost of each item. (See example below). **Initials** _____



If your meal receipt shows more than one meal, then the receipt total will be divided by the number of travelers per meal. **Initials** _____

If items are purchased at a store, only the food items purchased will be reimbursed up to the daily rate after being divided by the number of travelers. **Initials** _____

Receipts for food (including groceries) will only be reimbursed up to the local per diem daily rate. This means any expenses over a particular day's authorized rate will not add on to the next day. (Example for one traveler without an NMA: Daily rate for Meals & Incidentals (ME&I) is \$66.00. Traveler buys groceries in the amount of \$68.00. Reimbursement will be \$66.00. The additional \$2.00 will not be added to the next day. Following day traveler spends \$55.00, reimbursement will be \$55.00). ADSM's will receive the daily authorized limit for ME&I and will not need to provide receipts for meals.

Initials _____

UNIT NOTIFICATION FOR SERVICE MEMBERS (if applicable)

All service members regardless of branch must notify Unit/Command with the Senior NCO's (1SG/CSM) and Commander's signature annotated on this form to verify they are aware the service member will be traveling to another location for medical TDY, either as a patient or an attendant. By the command signing, they understand that they are aware that medical TDY is handled differently than standard TDY and the service member will not be available for duty until completion of medical TDY. If the service member is on medical TDY for an extended period as a patient, the unit can initiate a compassionate reassignment to the nearest Soldier Recovery Unit (SRU). The unit is responsible for initiating any actions. If the service member is traveling on medical TDY as an escort/non-medical attendant, then the unit understands that this service member will not be available for duty until medical TDY is complete or the attending physician determines that an attendant is no longer required. The unit does reserve the right to recall the service member from non-medical attendant duties but will not do so until a suitable replacement has been identified and placed. Cost of travel, transportation, per diem or any other medical TDY/TDY entitlements for the replacement will be at the unit's expense. **PER DHA 7000.100, ENCLOSURE 3, TABLES 3 AND 4, ALL OUTPATIENT TREATMENT OF ACTIVE DUTY SERVICE MEMBERS (ADSM) AND THEIR NON-MEDICAL ATTENDANTS (NMA) WILL BE FUNDED AT SM UNIT'S EXPENSE.**

Initials _____

***The DTS profile of the ADSM must be released before any MTDY travel can be initiated. The SM or SM Unit is responsible for notifying JPLO once the profile is released.**

***The SM'S Commander has the right to determine the necessity of the MTDY for AD patients/AD attendants to ensure the readiness of the unit.**

I Do Concur / I Do Not Concur (circle one)

Unit Senior NCO (print name) Signature Phone

I Do Concur / I Do Not Concur (circle one)

Unit Commander (print name) Signature Phone

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND MY RESPONSIBILITIES WHILE ON MTDY. I UNDERSTAND THAT COMPLIANCE WITH THIS MEMO WILL HELP ENSURE MAXIMUM REIMBURSEMENT FOR MEDICAL TRAVEL EXPENSES.

Initials _____

STATEMENT OF COMPLIANCE

I, _____, acknowledge my understanding and willingness to comply with all above information in this MTDY memorandum. I further agree to adhere to all policies set forth for myself and for my medical and/or non-medical attendant during this MTDY. I am aware that I will be responsible for all unauthorized expenses that I might incur during this MTDY.

Traveler Signature

Date

Patient Primary Care Information

Primary Care Facility: _____

Primary Care Manager: _____

Tricare Health Plan: _____

Tricare Authorization Number: _____

Accepting Clinic Name & Address: _____

Accepting Physician Name & Phone Number: _____

DEFENSE TRAVEL SYSTEM WORKSHEET

1. Traveler Information:

Last Name: _____ First Name: _____ MI: _____

Rank: _____ DOB: _____ Gender: _____

Sponsor's Full SSN (NO DODID) _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address (primary/secondary): _____

2. Sponsor Information (skip if same as traveler):

Last Name: _____ First Name: _____ MI: _____

Rank: _____ DOB: _____ Gender: _____

Sponsor's Full SSN (NO DODID) _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address (primary/secondary): _____

3. Travel Dates:

Departure: _____ Return: _____ Appointment Date(s): _____

4. Where is the traveler going? (Nearest airport to treatment facility)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

5. Will you be booking your own lodging? (Circle One): YES or NO

6. Will you be requesting a rental car? (Circle One): YES or NO

If yes, a rental car analysis must be completed by the JPLO office. If the analysis is considered for disapproval, a Rental Car memo is required from the patient's attending physician.
(A copy can be provided by the Army Liaisons)

7. Reason for Medical Travel (Circle One):

In-Patient Treatment

Out-Patient Treatment

8. Attendant Information: (If same as Sponsor, then **ONLY** list the name)

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Sponsor's Full SSN (NO DODID) _____

Phone: _____ Email Address (primary/secondary): _____

Relationship to Traveler: _____

9. Traveler Financial Information for Reimbursement Purposes (Voucher Claim):

Account Type (EFT / Banking, Savings.): _____

Account Number: _____ Routing Number: _____

Do you have a Government Travel Card (GTC)? YES or NO

Traveler will ensure GTC is up to date on DTS (JPLO will not be responsible for updating the GTC)

If YES:

GTC Number: _____ GTC Expiration Date: _____

If NO:

Personal Credit Card Number: _____ Expiration Date: _____