

# PRIME TRAVEL REQUEST FORM

TRICARE Regional Office - West  
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e-Mail: TROW-PrimeTravel@trow.tma.osd.mil  
http://tricare.mil/trowest/Prime-Travel.cfm

Date:

## Patient Information

Patient Name:	<input type="text"/>
Patient Date of Birth:	<input type="text"/>
Patient SSN:	<input type="text"/>
Patient Address:	<input type="text"/>
Patient City/State:	<input type="text"/>
Patient Zip Code:	<input type="text"/>
Patient Home Phone:	<input type="text"/>
Patient e-Mail:	<input type="text"/>

## Primary Care Manager (PCM) Information

PCM Name:	<input type="text"/>
PCM Address:	<input type="text"/>
PCM City/State:	<input type="text"/>
PCM Zip Code:	<input type="text"/>
PCM Phone:	<input type="text"/>

## TriWest Referral Authorization Number

Authorization #

## Appointment Information

Travel Departure Date:	<input type="text"/>			
Travel Return Date:	<input type="text"/>			
First Appointment: Date:	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>
Last Appointment: Date:	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>

## Specialty Care Provider (SCP) Information

SCP Name:	<input type="text"/>
SCP Address:	<input type="text"/>
SCP City/State:	<input type="text"/>
SCP Zip Code:	<input type="text"/>
SCP Phone:	<input type="text"/>
Type of Specialty	<input type="text"/>

## Sponsor's Information

Sponsor Name:	<input type="text"/>
Sponsor SSN:	<input type="text"/>
Sponsor Status:	<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Other

## Mode of Travel

POV  Air  Rental Car  Other:

## Non-Medical Attendant (NMA) Information, If Applicable

NMA Name:	<input type="text"/>
NMA SSN:	<input type="text"/>
Relationship:	<input type="text"/>
Civilian Federal Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Military/ Active Duty NMA ONLY

Rank:	<input type="text"/>
Service:	<input type="text"/>
Unit Name:	<input type="text"/>
Unit Address:	<input type="text"/>
Unit City/State:	<input type="text"/>
Unit Zip Code:	<input type="text"/>
Unit Phone:	<input type="text"/>
Military e-Mail:	<input type="text"/>

## Civilian Federal Employee NMA ONLY

Position and Grade:	<input type="text"/>
Employer Name:	<input type="text"/>
Employer Address:	<input type="text"/>
Employer City/State:	<input type="text"/>
Employer Zip Code:	<input type="text"/>
Employee e-Mail (Fed.):	<input type="text"/>

**NOTE: FOR TRAVELERS EMPLOYED BY THE DEPARTMENT OF DEFENSE(DoD), TRAVEL AUTHORIZATIONS PRODUCED FROM THIS REQUEST FORM WILL BE ENTERED INTO THE DEFENSE TRAVEL SYSTEM (DTS) AND WILL BE ROUTED THROUGH YOUR AGENCY/COMMAND FOR APPROVAL.**

**This document may contain information covered under the Privacy Act, 5 USC 522(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions.**

## For TRICARE USE ONLY

TRICARE Prime	<input type="text"/>	Referral Authorization	<input type="text"/>	DTOD Distance	<input type="text"/>
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