

CHAPTER 9  
SECTION 1.1B  
ENCLOSURE 1

SAMPLE COPY MEMORANDUM OF AUTHORIZATION

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[Prepare on Official Service Letterhead]

MEMORANDUM FOR MILITARY TREATMENT FACILITIES AND TRICARE/CHAMPUS CONTRACTORS

SUBJECT: Authorization for One Year of Preexisting Conditions Coverage in  
Medical Facilities of the Uniformed Services and Under the Civilian  
Health and Medical Program of the Uniformed Services (CHAMPUS)

Reference: [Patient's Name, SSN and Sponsor's SSN]

To implement 10 USC 1072(2)(H) and 1086a and Service regulations: AR 40-3  
NAVMILPERSONCOMINST 1760.1B. AFR 168-6, COMDTINST 1760.7, PHS CC29.3 PERSONNEL  
INSTRUCTION 1, AND NOAA CORPS 56-55:

1. The above-named unmarried former spouse has purchased DoD designated conversion health insurance, is not covered by employee health insurance, and is authorized limited health care from \_\_\_\_\_ to \_\_\_\_\_.

2. Care is limited to treatment of the following preexisting condition(s):

\_\_\_\_\_

\_\_\_\_\_

3. The above named person is subject to all regulations governing the use by retirees of Uniformed Services health care benefits including: priority for space available care; benefit limitations; co-pay; deductibles; and nonavailability statements. Movement via aeromedical evacuation is authorized.

4. A copy of this Memorandum of Authorization should be filed in the individual's medical records, present at every visit to a medical facility of a Uniformed Service as proof of eligibility for services, and submitted (accompanied by an explanation of denied claims from the conversion insurance company) with all CHAMPUS claims. This memorandum should not be submitted to the company providing DoD designated conversion insurance.

5. If the conversion insurance company denies a claim because it is for a preexisting condition which is not listed in this Memorandum, an amendment can be requested from the Patient Administration Office at any Uniformed Service medical facility. The requesting individual is responsible for providing documentation of previous care to justify amending the Memorandum. If no treatment was received, a Patient Administration official can contact the conversion insurance company to try to resolve the problem.

\_\_\_\_\_  
Name of Authorizing Official

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Title of Authorizing Official

\_\_\_\_\_  
Date of Patient's Signature

Policy and Procedures

