

DVA/DoD **MOA** SCI/TBI/Blind DME Request **Worksheet**
Defense Health Agency-Great Lakes (DHA-GL)

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended.

PURPOSE: To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 552a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations.

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

Defense Health Agency-Great Lakes
 DVA/DoD MOA Worksheet-08
 Rev. 11/01/2015

DVA/DoD MOA SCI/TBI/Blind DME Request Worksheet
 Defense Health Agency-Great Lakes (DHA-GL)

Instructions: VA completes all information and forwards this form to DHA-GL via FAX at **847-688-6369**.

1. Requesting VA:	2. VA Staff Member:	3. Phone (include extension):	4. Date Submitted:
-------------------	---------------------	-------------------------------	--------------------

5. Name (last, first, MI), SSN, & Birthdate	6. ICD 10 Diagnosis description	7. DME Requested	8. HCPCS/NDE Code	9. DHA GL Auth #

DHA-GL Nurse:	Tricare Region:	Inpatient	Outpatient	Date:
---------------	-----------------	-----------	------------	-------