



**DEFENSE HEALTH AGENCY**  
**DEFENSE HEALTH NETWORK-WEST**  
**WEED ARMY COMMUNITY HOSPITAL**  
P.O. BOX 105109  
FORT IRWIN, CA 92310-5109

SUBJECT: Prime Travel Benefit Program Non-Medical Attendant Letter of Medical Necessity

Reference: DoD Joint Travel Regulation, Chapter 3, Part D, para 033007

IAW JTR, Chapter 3, Part D, para 033007. Medical Specialty Care Travel of More Than 100 Miles, If medically necessary, **ONE** non-medical attendant (NMA) may also be authorized for travel expense reimbursement. When the non-active duty patient is an adult, age 18 or older, the provider **MUST** verify in writing that the NMA is **medically necessary** to travel with the patient. The NMA can be a parent, spouse, other adult family member (age 21 years or older) or a legal guardian.

“A travel authorization for an attendant is limited to 30 days unless a medical authority authorizes or approves an extension. Travel authorizations for attendants must cite this paragraph as authority. A written statement by the medical authority, military or civilian, must support the travel authorization that specifies travel to a specialty care provider facility is necessary”. For chronic medical conditions the provider may request the NMA letter be valid for up to one year.

Patient Name: \_\_\_\_\_

Date of treatment: \_\_\_\_\_

Location of treatment: \_\_\_\_\_

Length of time: \_\_\_\_\_

Justification for an NMA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Provider: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_