In a few easy steps you can get access to our Trusted Care!

1) CALL 800-444-5445 AND ENROLL IN HUMANA ASAP FOR YOURSELF AND YOUR FAMILY TO GET PRIMARY CARE MANAGER ASSIGNMENTS IN ORDER TO AVOID LOSS OF MEDICAL COVERAGE.

2) COMPLETE THE ATTACHED PATIENT REGISTRATION PACKET FOR YOURSELF AND YOUR FAMILY MEMBERS. COMPLETING THIS STEP WILL ALLOW FOR PATIENT APPOINTING AND TRANSFERS OF MEDICATIONS. SEND COMPLETED PACKET TO THE NCOIC OF MEDICAL RECORDS TSGT CASTRO AT FRANCISCO.A.CASTRO18.MIL@MAIL.MIL REGISTRATION CAN TAKE 1-2 BUSINESS DAYS.

3) CALL OUR APPOINTMENT LINE AT 866-377-2778 AFTER COMPLETING THE STEPS ABOVE IF YOU NEED ANY MEDICAL APPOINTMENTS OR REFERRALS. FOR PHARMACY CALL 609-754-9470, OPTION 4.

87 MDG Medical In-Processing- Helpful Information

New to Joint Base McGuire-Dix Lakehurst or have new orders 31 days or more and are assigned to JB-MDL?
Have you done the following update to your TRICARE eligibility/coverage?

Contact a local Military ID Card Facility to insure your current orders/assignments are listed in DEERS.
To make an appointment please visit the MPF in person or make an appointment over the phone.

- Select Location – **McGuire** – 2916 Falcon Ln, Rm 1
  Phone: 609-754-1592
  Dix – 5418 South Scott Plaza (McDonald Hall), Rm 16
  Phone: 609-562-2177
  Lakehurst – Highway 647, Bldg 150
  Phone: 732-323-5097

Tips for In-Processing!

You can either call for a Primary Care Manager (PCM) assignment at **800-444-5445** for Humana Military/East Region or visit Beneficiary Web Enrollment website that can be accessed through https://HumanaMilitary.com to get a PCM assigned.

- Follow prompts for Primary Care Manager PCM assignment for yourself and your dependents if applicable
- If you are on flying status, please let the operator know during the call
- Input DoD ID Number when prompted for "Beneficiary ID Number" DO NOT GIVE Beneficiary ID Number
- *WRITE DOWN PCM ASSIGNMENT DURING CALL FOR COMPLETING ATTACHED DOCUMENTS*

After your call, please complete attached Medical In-Processing- TSWF, Medical In-Processing Registration Information, and Notice of Privacy Practices Forms. Return completed forms to the 87th MDG Patient Administration Flight by emailing TSgt Castro at francisco.a.castro18.mil@mail.mil. Lastly, review all educational documents provided to you by your CSS, which are also located on the 87th MDG Facebook page.

Miscellaneous Information

If assigned to 87th Medical group (MDG) call Appointment Line – **866-377-2778** (between 0700 and 1600)

- Family Health and Total Force Clinic – Option #1, #1, #1
- Pediatrics – Option #1, #1, #2
- Women's Health – Option #1, #1, #3
- Flight Medicine – Option #1, #3, #1
- Optometry – #1, #2, #3
- Dental Clinic - #1, #2 , #4

TRICARE Nurse Advice Line – **1-800-874-2273** (24/7 hours)
Need medical advice, referral to go to an Urgent Care as an AD member, recommendations and more? Call this line

TRICARE Benefits Counselor's – Need help with: Medical/Dental Benefits, Claims, Debt Collection, TRICARE questions?
Please Call: Christopher Jablonski: **609-754-9005**, Stephanie Petrie: **609-754-9082**

MilConnect Website (https://milconnect.dmdc.osd.mil/milconnect/) *MilConnect is hosted by the DMDC, not TRICARE
When you register on the MilConnect website you can:
- Update DEERS (address, email, phone), View/change TRICARE enrollment information, Find ID card office, Sign up for eCorrespondence about changes to TRICARE, View personnel information (sponsors only)**,** Get proof of TRICARE coverage, Search FAQ's about health care eligibility and more, Transfer GI Bill benefits to family member, View servicemember's Goup Life Insurance, View civilian employment info Guard Reserve only (excluding Army, Navy, Coast Guard Reserve)…**Need technical assistance with MilConnect? Call DMDC Support Center at 1-800-477-8227**

MEDICAL IN-PROCESSING REGISTRATION WORKSHEET

Composite Health Care System
PERSONAL DATA-PRIVACY ACT OF 1974

The Composite Health Care System (CHCS) interfaces with DEERS and the Ambulatory Data System; therefore, it is imperative that the personal data requested below be provided and entered into the CHCS system without delay. CHCS identifies and registers beneficiaries, monitors TRICARE Prime enrollments, and tracks physician referrals for military providers and the civilian provider network. It identifies Primary Care Manager Assignments and maximizes the use of availability military medical treatment facility appointments. If you are unmarried with no dependents, comp/de active duty portion only. Please PRINT all requested information.

SPONSOR INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: __ M/F SSN: _____ DOB (DD/MM/YYYY): _____

(RANK): _____BRANCH: _____ STATUS: (circle one) Active/ Reserve/ Guard/ Retired/TAMP

If on ORDERS, period covered: (DD/MM/YY-DD/MM/YY) _____

HOME PHONE (Area Code): _____ DUTY PHONE: _____ CELL PHONE: _____

HOME MAILING ADDRESS: _____

ORGANIZATIONAL ADDRESS (if unknown please put down the unit):_____ PRP? No ☐ Yes ☐ FLYING STATUS? No ☐ Yes ☐

MARITAL STATUS? _____ ARE ALL FAMILY MEMBERS CURRENTLY RESIDING WITH YOU? Yes ☐ No ☐

DO YOU HAVE FORMER SPOUSES ELIGIBLE FOR HEALTH CARE? Yes ☐ No ☐

PRIMARY CARE MANAGER (PCM) Assignment_____

SPOUSE: (Do NOT complete if spouse is also an active duty member)

LAST NAME: _____ FIRST NAME: _____ Ml: __ M/F

SSN: _____ DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____ CELL_____ HOME NUMBER: _____

PRIMARY CARE MANAGER (PCM) _____

DEPENDENT CHILDREN: (List in order, oldest first. Include step children)

LAST NAME: _____ FIRST NAME: _____Ml: __ M/F

1st CHILDS SSN: _____DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____

PRIMARY CARE MANAGER (PCM)_____

LAST NAME: _____ FIRST NAME: _____Ml: __ M/F

2nd CHILDS SSN: _____DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____

PRIMARY CARE MANAGER (PCM)_____

LAST NAME: _____ FIRST NAME: _____MI: __ M/F

3rd CHILDS SSN: _____DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____

PRIMARY CARE MANAGER (PCM)_____

LAST NAME: _____ FIRST NAME: _____MI: __ M/F

4th CHILDS SSN: _____DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____

PRIMARY CARE MANAGER (PCM)_____

LAST NAME: _____ FIRST NAME: _____MI: __ M/F

5th CHILDS SSN: _____DOB (DD/MM/YYYY): _____

HOME ADDRESS (if different from Sponsor) _____

PRIMARY CARE MANAGER (PCM)_____

REMARKS: Use to list or explain other entries. For example, urgent needs/concerns you have, questions for your dependents, etc. Use additional blank paper as needed.

MTF Staff Member Review:_____ Date:_____

Medical In-Processing Worksheet - TSWF

Prior to submitting this form, make a copy of this Worksheet and Disclosure Form (if applicable) to give to your gaining base. Clinic staff will shred the worksheet once transcribed into the EHR.

Date		☐ IN Processing			☐ OUT Processing				
Branch of Service	☐ USA	☐ USN	☐ USAF	☐ USMC	☐ USCG				
Check All that Apply	☐ AD	☐ Reserve	☐ Retired	☐ PCS	☐ TDY	☐ Joint Base Move	☐ Separating/Retiring	☐ Dependent	
Losing Base		Departure Date from Losing Base		Gaining Unit			Arrival Date at Gaining Base		
Name (Rank, Last, First MI)			Complete DoD ID Number				DOB (dd-mmm-yyyy)		
Phone Number (cell)			Phone Number (office/DSN)			Phone Number (home)			

Are you and your dependents enrolled in TRICARE Online Secure Messaging? If **NO**, please list names and emails of all dependents 18 years or older who are not enrolled. ☐ YES ☐ NO

Name & Email	Name & Email	Name & Email

Are you transferring to or coming from overseas, including Hawaii or Alaska? ☐ YES ☐ NO

1) Will your dependents be accompanying you at your gaining base? I**f Yes, when**?

☐ YES ☐ Immediately ☐ 1-3 mos later ☐ 4-6 mos later ☐ NA - No Dependents

☐ NO - My dependents will physically reside at the following location:

2) Do you or your dependents have Asthma, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), or any other chronic medical condition that is treated by a Specialist (Cardiology, Neurology, Psychiatry, etc.)? **If Yes, please list name of family member and condition.** ☐ YES ☐ NO

3) Are you or your dependents enrolled with a case manager? **If Yes, please list family member below and the Case Manager's Name**_____**Contact Number**_____**.** ☐ YES ☐ NO

4) Have you completed or are you in the process of completing a Family Member Relocation Clearance (FMRC) for your dependents enrolled in Exceptional Family Member Program (EFMP) or Educational and Developmental Interventional Services (EDIS)? ☐ YES ☐ NO ☐ NA

5) Are your dependents enrolled in the Exceptional Family Member Program (EFMP), Educational and Developmental Interventional Services (EDIS), or have any dependents been provided an Individual Family Service Plan (IFSP), or the Individualized Education Plan (IEP)? **If Yes, please list each person enrolled and which program.** ☐ YES ☐ NO ☐ NA

6) Have you or your dependents been seen by a medical or behavioral health provider for mental health concerns in the last 5 years? **If Yes, please list the name of family member.** ☐ YES ☐ NO

7a) Are you or your dependents in a cervical dysplasia program or were told you had an abnormal pap? **If Yes, please list the name of family member.** ☐ YES ☐ NO

7b) Do you or your dependent have any outstanding or pending referrals, labs, radiology, or medical test results? ☐ YES ☐ NO

If Yes, please list name of family member and outstanding/pending test or result.

Type AUTHORITY: 10 U.S.C. 55. 10 U.S.C 8013 and E.O. 9397 (SSN) as amended. PURPOSE(S): Used to document, plan, and coordinate the health care of Active Duty and family members during relocation; determine eligibility and suitability for benefits for various programs; and compile statistical data. ROUTINE USE: Used to accumulate information for determining Active Duty and family member's medical in/out processing needs. DISCLOSURE: Voluntary; however, failure to provide requested information may delay screening of Active Duty and family member's care when transitioning to new locations. Authority: 10 U.S.C. 8013, Secretary of the Air Force; DoD 4500.36-R, Management, Acquisitions, and Use of Motor Vehicles; Air Force Policy Directive 24-3, Management, Operations and Use of Transportation Vehicles; Air Force Instruction 24-301, Transportation and Vehicle Operations; EO 9397 (SSN), as amended.

8) Would you like to speak with someone about a sensitive issue? **If Yes, please indicate which agency**. ☐ Medical Professional ☐ Mental Health Clinic ☐ Chaplain ☐ Family Advocacy ☐ Other _____	☐ YES ☐ NO ☐ NA
9) Have you deployed in the last 6 to 24 months? **If Yes, where and what time period were you deployed?**	☐ YES ☐ NO
10) Do you or your dependents need to have your medications refilled until you reach your next duty station? **If Yes, please list family member and medication needed.**	☐ YES ☐ NO
11) Have you had a Medical Evaluation Board (MEB)/ RILO completed in the past or is one in the process now? **If Yes, what is the expiration date of the MEB?**	☐ YES ☐ NO
12) Have you been, or are you currently carrying a diagnosis of PTSD or TBI?	☐ YES ☐ NO
13) Have you been, or are you currently enrolled in the Air Force Wounded, Ill, and Injured (AFWII) program?	☐ YES ☐ NO
14) Are you on Profile or have an Assignment Limitation Code? **If Yes, please explain:**	☐ YES ☐ NO
15) **For Active Duty Only -** Are you on Student Status?	☐ YES ☐ NO
16) **For Active Duty Only** - If stationed overseas, did you receive a Blood Transfusion? (AFI 44-102) ☐ NA	☐ YES ☐ NO
17) Are you or your dependents pregnant? **If Yes, please schedule a Follow Up OB appointment upon arriving at your gaining base.** ☐ Unsure ☐ NA	☐ YES ☐ NO
18) If you answered **Yes to #17**, is the pregnancy high risk? ☐ Unsure ☐ NA	☐ YES ☐ NO
19) Do you have any children under 23 months old? ☐ NA	☐ YES ☐ NO
20) Do you know if their Well Baby Visits and Immunizations are up-to-date? ☐ Unsure ☐ NA	☐ YES ☐ NO

21) Are you on any of the following: (Check all that apply)

☐ PRP ☐ PSP ☐ Flying Status or 1042 Holder ☐ Other: ☐ NA

If you checked PRP, PSP, Flying Status or 1042 Holder, Go to Flight Medicine Clinic to complete Medical I/O Processing

22) Are you **Retiring?** ☐ YES ☐ NO If **Yes,** will you remain in the local area and continue to receive Care at the MTF? ☐ YES ☐ NO

If OUT-PROCESSING or RETIRING: It is your responsibility to obtain copies of medical records, results and/or refills of medications from off base Primary Care providers or Specialists. If you or your dependent had a Mammogram or Radiology Study, please obtain copy of films from the Radiology Department.

23) List the name and Date Of Birth (DOB) of each dependent that are physically here with Sponsor:

Name	DOB dd-mmm-yyyy	Name	DOB dd-mmm-yyyy

Because email is not a HIPAA compliant method of sending personal health information, it is **NOT** recommended to send this form via email or MiCare Secure Messaging to the clinic. The recommended method of submitting this form is to hand carry to the clinic.

Below items are for clinical personnel only:

Sponsor's PCM or PCMH Team: _____ Is ASIMS/IMR Up-to-Date? ☐ Yes ☐ No

Patient ACG Score _____ **Other**_____ACG Score_____**Other** _____ ACG Score_____**Child FMP**_____ACG Score_____**Child FMP**_____ACG Score _____

Spouse ACG Score _____ **Child FMP**____ACG Score_____**Child FMP**_____ACG Score_____**Child FMP**_____ACG Score_____**Child FMP**_____ACG Score _____

X _____ X _____

Personnel Reviewing Form | Transcribed Above Info Into E-Medical Record

Acknowledgement of Military Health System Notice of Privacy Practices

The signature below only acknowledges receipt of the Military Health System Notice of Privacy Practices, effective date 1, October, 2013.

_____

Signature of Patient/Patient Representative Date

_____

Name of Patient/Representative Relationship to Patient

DoD Identification No._____

If no DoD ID No., SSN_____

❑ Patient/Representative declined to sign _____ MTF Staff initials

_____

The Privacy Act of 1974, 5 U.S.C. § 552a, establishes a code of fair information practices that governs the collection, maintenance, use, and dissemination of information about individuals that is maintained in systems of records by federal agencies.