

TRICARE Health Plan (THP) Combat-Related Disability Travel (CRDT) Benefit Traveler Checklist

Revised May 2022

- DHA Form 131 – TRICARE Patient Information Worksheet** (Please complete the 'CRDT ONLY' Section and include the combat-related disabilities in the 'Additional Information' Section of the form.)
- Completed/signed **DD Form 1351-2**
- Completed/signed **DD Form 1351-3** (as needed for claiming non-DoD traveler meals)
- Completed/signed **FMS 2231 Direct Deposit Form** or email validation. Form is required with the first travel claim received at the beginning of each fiscal year (01 Oct). Each subsequent claim submitted during the FY will need to have account validation. A simple statement “Bank information has not changed during this FY” will suffice. Statement may be in the body of the email, on the fax coversheet or in a separate note if mailing the claim package.
- Itemized** expense receipts (meals, parking lodging, toll, rental car fuel, etc.). Please ensure receipts are legible and have the date and location details for purchases. Zero balance or proof of payment must be shown on receipts for lodging, airfare, train and rental car receipts. They must also be in the name of either the patient or the non-medical attendant (NMA).
- Completed/signed **DHA 126 Confirmation Of Specialty Care**. The specialty care provider (SCP) must include the following information in the 'Additional Information' section of the form:
 - All verified combat-related disabilities or illnesses that were treated
 - A list of the health services provided, current procedural terminology (CPT) codes if available
- Written **Referral** from Primary Care Provider (PCP). Please see TRICARE CRDT Benefit Program website for more details.
- If applicable, a **NMA letter/memo** from a doctor stating the NMA is medically necessary. This is required in order to reimburse the NMA expenses. For chronic conditions the doctor may request the letter be valid for up to one year.
- Copy of the patient's **Combat-Related Special Compensation (CRSC) Letter**.

Top Errors – Please Avoid

Submitting incomplete or inaccurate travel packages can prevent you from receiving all payments you may be entitled to. Please avoid the following common errors.

1. DD1351-2 and other claim documents should be in the adult traveler's name/signature. If the traveling non-medical attendant (NMA) was DOD Personnel (active duty or civilian employee), that traveler's name/signature should be on the claim forms. **Do NOT put in the name/signature of “non-traveling” military sponsor.**
2. Ensure itinerary section 15 of the DDForm1351-2 (Travel Voucher) is filled out completely.
3. Ensure, for DoD personnel, the applicable block in section 17 of the DDForm1351-2 is checked.
4. Ensure all required signatures and dates are included (DD1351-2 block 20a and 20b; DD1351-3; FMS2231 block 5, DHA Form 131).
5. The FMS 2231 Direct Deposit form is required only with the first claim received after the beginning of each fiscal year (FY) (01 Oct). For each subsequent claim during the FY ensure you provide a bank account validation statement. A simple statement “Bank information has not changed during this FY” will suffice and may be provided in the body of your email, fax coversheet, or a separate note within the mailed package.
6. Ensure expense receipts are itemized and show a zero balance or state “paid in full”.
7. Ensure restaurant receipts include both the itemized and payment portions.
8. Ensure all supporting documentation such as receipts or confirmation of appointment are included with the claim package.
9. Ensure all documents including receipts are legible.
10. Ensure that there is an updated or current referral on file with the TRICARE CRDT Benefit Program