# HOW TO CREATE A LOCAL VOUCHER (USED FOR ANY TRAVEL THAT'S LESS THAN 12 HRS; EX: SAME DAY TRIPS TO AMARILLO, LUBBOCK, ETC).

**PAGES 26-38** 



### **27th Special Operations Medical Group**



# 27 SOMDG

### Medical Travel Reimbursement: How to Create a Local Voucher



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# Things to know (For Local Vouchers)



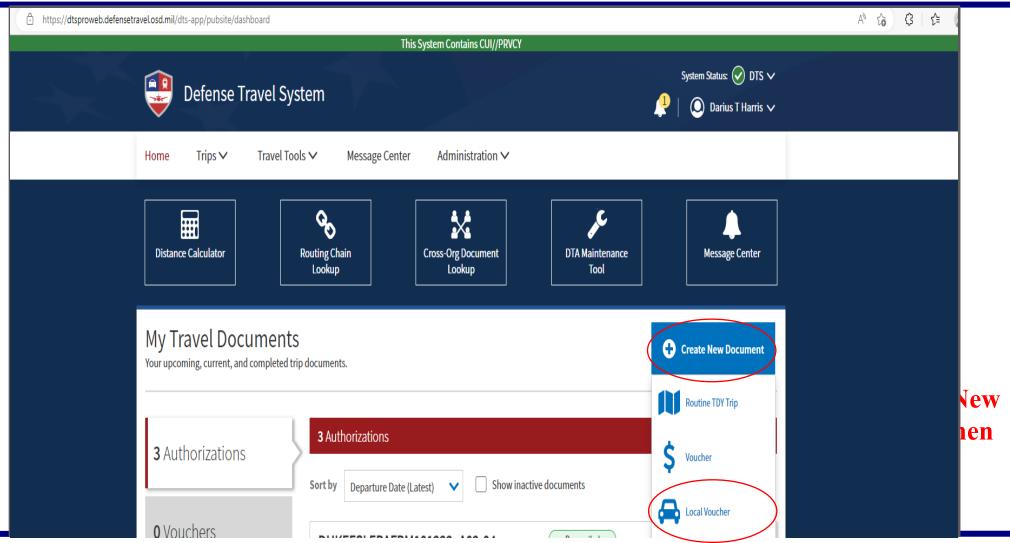
### TRICARE Prime Travel Benefits are for TRICARE Prime & TRICARE Prime Remote Enrollees

- Local Vouchers are NOT for multi-day trips.
- Local Vouchers ARE for same day (less than 12hrs) travel appointments only!
- Do not submit DTS vouchers on behalf of your dependent(s) over 18! (Unless you are authorized as an NMA by the PCM/Referral Specialist).
- Dependent(s) over 18 years old (Tricare Prime enrollee(s)) will submit their travel documents via the TRICARE Operations & Patient Administration office, located on the 2nd floor.
- When submitting local vouchers ensure you have the following:
  - DHA Form 131 or Referral Authorization Letter
  - DHA Form 126 or Appointment letter/note from doctor's office, which will include location(s), date(s) & time(s) of the appointment(s)
  - Non-Medical Appointment (NMA) Letter, if applicable (patients 18 years old and older)
  - Itemized food receipts, including expenses less than \$75.00, for dependents and retirees (IAW Prime Travel Benefit guidelines).



# **Step 1: Create the Document**



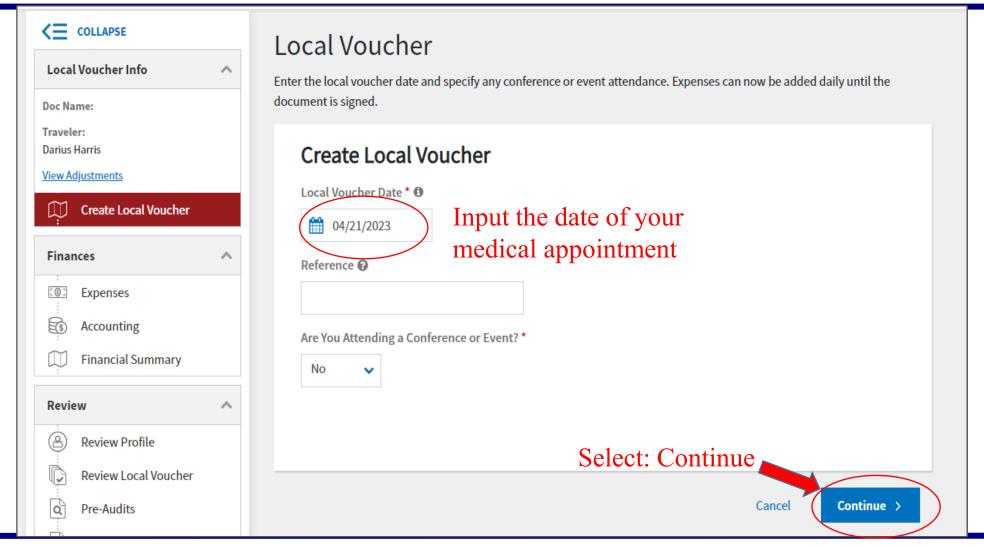


Air Commandos



### Step 2: Add Local Voucher Date

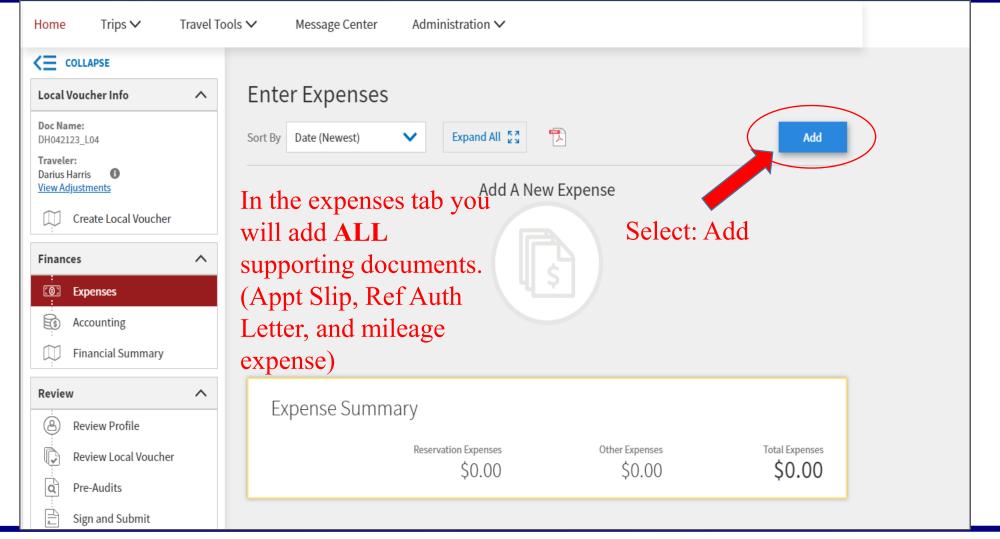






# **Step 3: Add Supporting Documents**

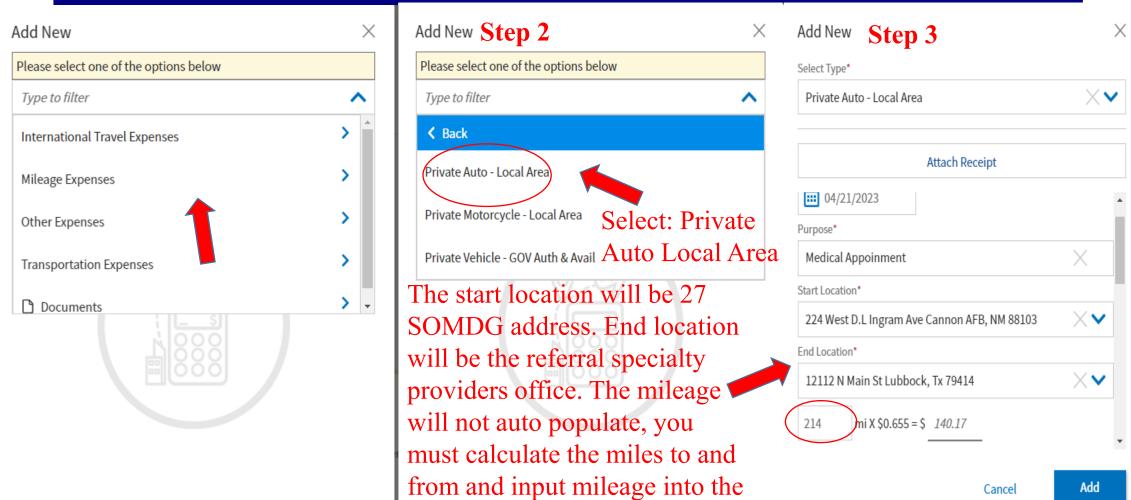






# How to Add Mileage Expenses



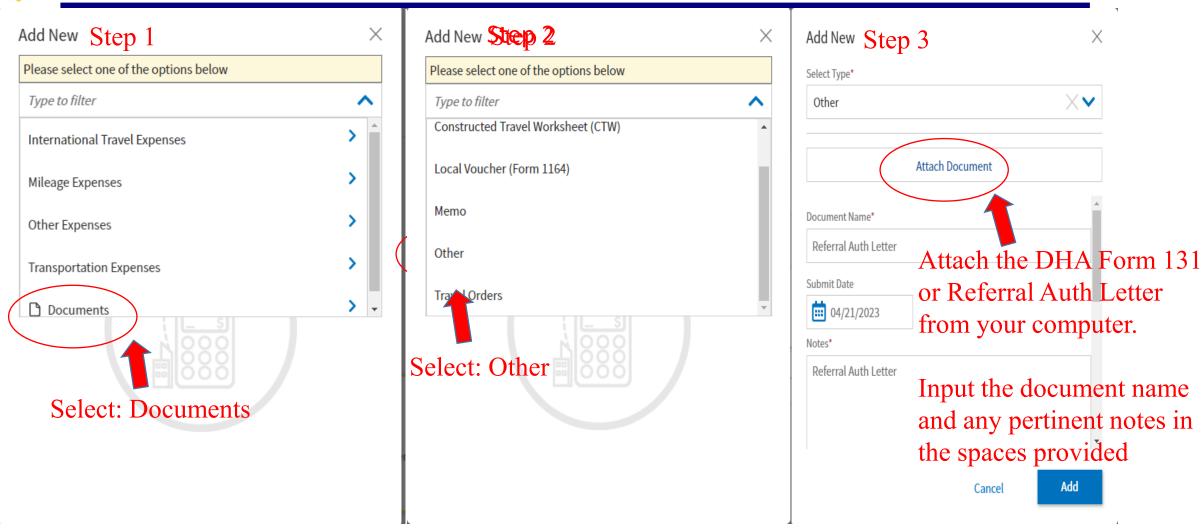


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### How to add DHA Form 131 or Referral Auth Letter

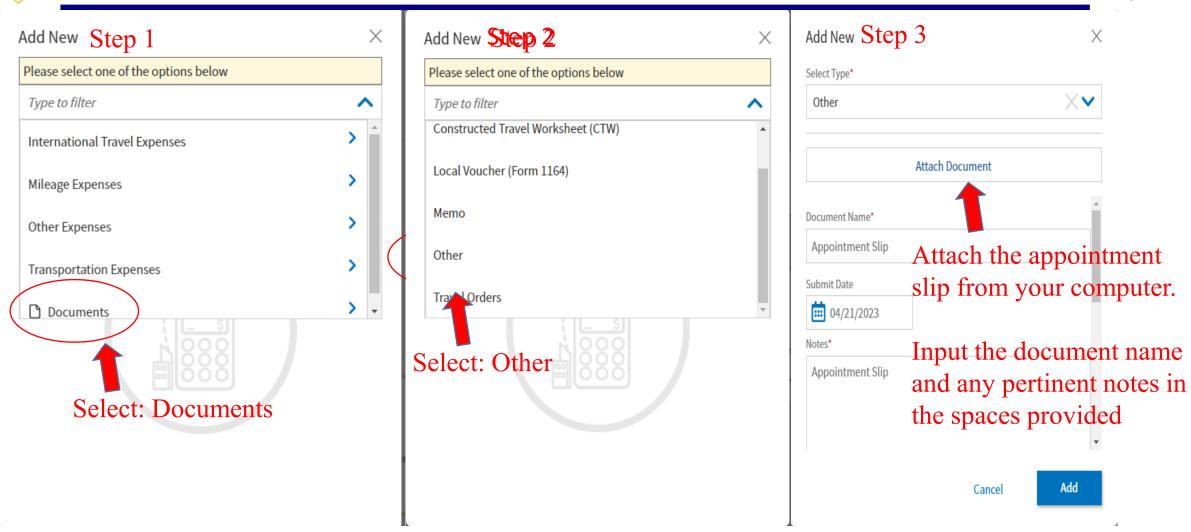






### How to Add DHA Form 126 or Appointment Slip

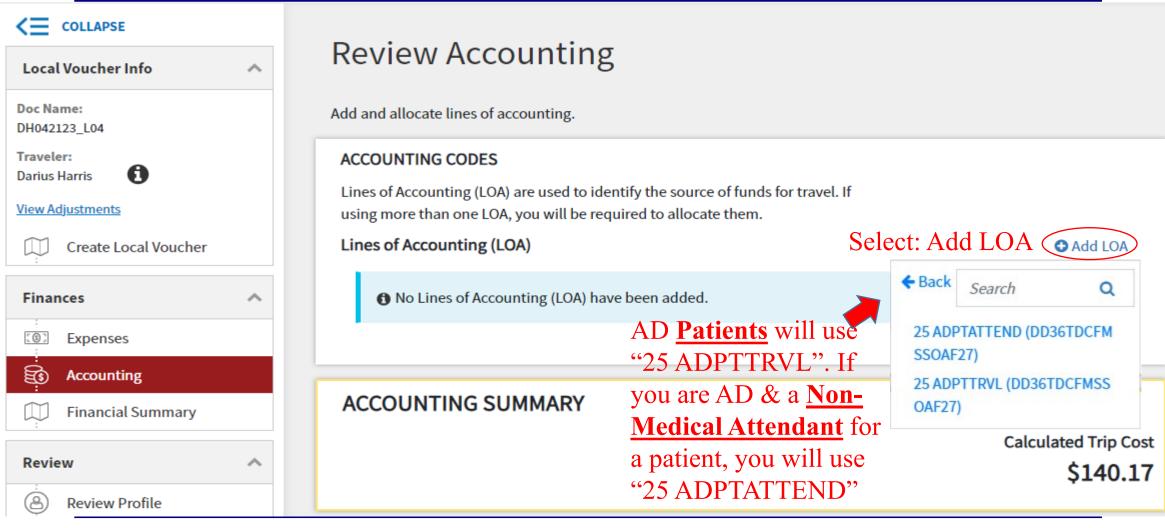






### **Step 4: The Correct LOA**







# **Step 5: Review Financial Summary**



Expense Summary				
eimbursable Expenses on-Reimbursable Expenses otal Expenses	\$140.17 \$0.00 \$140.17			Show Details ▼
Credit Summary				
ollections	\$0.00			
/aiver/Appeals	\$0.00			
et To Traveler	\$140.17			
alance Due US	\$0.00			Show Details ▼
Total Expenses		Personal \$140.17	\$0.00	Total \$140.17
		\$0.00	\$0.00	\$0.00
Prior Payments				
Prior Payments  Collections		\$0.00	\$0.00	\$0.00
•		\$0.00 \$140.17	\$0.00	\$0.00 \$140.17
Collections				



# Step 6: Sign and Submit Tab



	ROUTING LIST *
☐ I agree to SIGN this document	MEDICAL
Additional Comments	◆ Add Comments
NAME	TODAY'S DATE
	11/05/2024
By clicking "Submit" you are legally signing th	is document to be submitted for routing and approval.
	nd actual reimbursement may be reduced if travel is completed using a y your AO.
different transportation mode than authorized by	

Change the Routing List to MEDICAL

Select: Submit Completed Document



### **Contact Us**



### TRICARE OPERATIONS AND PATIENT ADMINISTRATION

27th Special Operations Medical Group, Second Floor

Monday through Friday, 7:30 a.m. to 4:30 p.m.

(Exception: Every Wednesday, except holiday weeks, the clinic opens at 0915)

Telephone: 575-784-2778

Referral Management: Option 5, option 3, then 1

Patient Travel: Option 5, option 3, then 2

Fax: 575-784-2308

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