

DENTAL LINE OF DUTY DETERMINATION Reserve Component

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 1095, Collection from Third Party Payers Act; 10 U.S.C. 5131 (as amended); 10 U.S.C. 5132; 44 U.S.C. 3101; 10 CFR part 20, Standards for Protection Against Radiation; and, E.O. 9397 (SSN).

Purpose: This system is used by officials, employees and contractors of the Department of the Navy (and members of the National Red Cross in naval medical treatment facilities) in the performance of their official duties relating to the health and medical treatment of Navy and Marine Corps members; physical and psychological qualifications and suitability of candidates for various programs; personnel assignment; law enforcement; dental readiness; claims and appeals before the Council of Personnel Boards and the Board for Correction of Naval Records; member's physical fitness for continued naval service; litigation involving medical care; performance of research studies and compilation of statistical data; implementation of preventive medicine programs and occupational health surveillance programs; implementation of communicable disease control programs; and management of the Bureau of Medicine and Surgery's Radiation Program and to report data concerning individual's exposure to radiation. This system is also used for the initiation and processing, including litigation, of affirmative claims against potential third party payers. This system is used by officials and employees of other components of the Department of Defense (DoD) in the performance of their official duties relating to the health and medical treatment of those individuals covered by this record system; physical and psychological qualifications and suitability of candidates for various programs; and the performance of research studies and the compilation of medical data.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To officials and employees of the Department of Veterans Affairs in the performance of their official duties relating to the adjudication of veterans' claims and in providing medical care to Navy and Marine Corps members. To officials and employees of other departments and agencies of the Executive Branch of Government upon request in the performance of their official duties related to review of the physical qualifications and medical history of applicants and employees who are covered by this record system and for the conduct of research studies.

To: To private organizations (including educational institutions) and individuals for authorized health research in the interest of the Federal Government and the public. When not considered mandatory, patient identification data shall be eliminated from records used for research studies. To officials and employees of the National Research Council in cooperative studies of the National History of Disease. To officials and employees of local and State governments and agencies in the performance of their official duties relating to public health and welfare, communicable disease control, preventive medicine, child and spouse abuse prevention and public safety. To officials and employees of local and State governments and agencies in the performance of their official duties relating to professional certification, licensing, and accreditation of health care providers. To law enforcement officials to protect the life and welfare of third parties. This release will be limited to necessary information. Consultation with the hospital or regional judge advocate is advised. To spouses of Service members (including reservists) who are infected with the Human Immunodeficiency Virus (HIV). This release will be limited to HIV positivity information. Procedures for informing spouses will be published by the Chief, Bureau of Medicine and Surgery and must be used. To military and civilian health care providers to further the medical care and treatment of the patient. To release radiation data per 10 CFR part 20. To third parties in those cases where the Government is seeking reimbursement under the Third Party Payers Act. When required by federal statute, by executive order, or by treaty, medical record information will be disclosed to the individual, organization, or government agency, as necessary. The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of system of records notices also apply to this system.

Disclosure: Voluntary. However, failure to provide the requested information may result in failure to receive required/requested treatment.

INSTRUCTIONS: Member or unit representative completes Section I. Military Medical Provider completes Section II. Unit representative completes and validates Section III, then mails or faxes this form and support documentation to: United Concordia Companies, Inc. All blocks must be completed.

Section I – Patient Data

1. Branch of Service (<i>Check One</i>)						
<input type="checkbox"/> USAR	<input type="checkbox"/> USNR	<input type="checkbox"/> USMCR	<input type="checkbox"/> USAFR	<input type="checkbox"/> ARNG	<input type="checkbox"/> ANG	<input type="checkbox"/> USCGR
2. Name (Last, First, MI)	3. Rank or Grade	4. SSN	5. DOB (<i>DD MMM YYYY</i>)	6. Telephone No. (<i>With Area Code</i>)		
7. Address (<i>Street, Apartment No., City, State, and ZIP Code</i>)						

Section II – Treatment Information (Completed by Military Medical Representative)

8. Date of Injury (<i>DD MMM YYYY</i>)	9. Treatment Date (<i>DD MMM YYYY</i>)	10. Duty Dates (<i>DD MMM YYYY</i>) From: _____ To: _____
11. Diagnosis or Description of Injury		
12. After examination of this patient, I conclude that (<i>Check One</i>):		
<input type="checkbox"/> a. this condition is a "line of duty" injury, not due to member's own "misconduct" <input type="checkbox"/> b. this condition is not a "line of duty" injury, but is not due to the member's own "misconduct" <input type="checkbox"/> c. this condition is due to the member's "misconduct" and is not a "line of duty" injury		

Section III – Unit Certification of Eligibility

13. Type of Line of Duty (<i>LOD</i>)/Notice of Eligibility (<i>NOE</i>) (<i>Check One</i>)				
<input type="checkbox"/> Informal	<input type="checkbox"/> Formal	<input type="checkbox"/> Admin	<input type="checkbox"/> LOC OCONUS Emergency	<input type="checkbox"/> Post Deployment Health Assessment
14. Name of nearest Dental Treatment Facility (<i>DTF</i>): _____				
DTF is located _____ miles from the member's <input type="checkbox"/> place of duty or <input type="checkbox"/> residence (<i>Check one</i>).				
15. Current Unit of Assignment (<i>Unit Name, Staff Symbol, Code, etc.</i>)	16. Current Unit UIC/OPFAC	17. Current Unit Telephone No. (<i>With Area Code</i>)		
18. Current Unit of Assignment Address (<i>Street, Building No., City, State, and ZIP Code</i>)				
19. Unit POC (<i>Name, Rank, and Title</i>)	20. POC Telephone No. (<i>With Area Code</i>)			
21. Certification: I certify that this individual is eligible for this care at government expense (<i>CO or Medical Representative</i>)				

Printed Name and Title

Signature

Date

STOP

Make sure you have attached the appropriate documents

Distribution

MAIL and FAX Information:

The following documents must be attached:
Documents should match/cover date in Block 8 above.

Approved LOD or NOE (*for follow-on care*)
and/or
Drill Attendance Sheet or Orders (*for initial date of care*)
(*for USCG: CG-4436B or CG4899*)

MAIL this form with attachment to:
United Concordia Companies, Inc.
ADDP Unit/LOD
P.O. Box 69431
Harrisburg, PA 17106-9430
FAX this form/attachments to:
1-866-308-4138