Invitational Travel Authorization (ITA) Request Worksheet

1. Patient's Name:_____ 2. Patient's Date of Birth: _____

3. Patient's Category (Circle One): DEP/RET/DA CIVILIAN <mark>**(INFORM ITA COORDINATOR IF DOD EMP**</mark>)

4. Sponsor's SSN: _____ 5. Patient's SSN:_____

6. Patient's Address: _____

7. Patient's Day Time Phone Number: _____

8. Travel Purpose: _____

9. Is this a case management issue (i.e., complex medical needs/multiple systemic issues)? Are you being

managed? (Circle One): Yes   No   (Case Manager : _____

10. Approximate number of TDY Days (including travel): _____

11. Proceed Date: _____   Return Date: _____

12. Itinerary: **From: Fox Army Health Center, RSA To** (if medical appointment, include doctor's
    name/location):_____ **Return To: Fox Army Health Center, RSA**
                (Example: **To:** Dr. Smith, Kirklin Clinic, Birmingham, AL)

13. Inpatient or Outpatient (Circle One)

14. Transportation Mode (Circle One): POV   Commercial Air   Other _____

15. If flying Commercial, will you require a rental car? Yes____ No _____

16. Copy of Referral Required (**BEFORE TRAVEL. Must be speciality treatment network provider)**

17. Will there be an attendant/escort (Must be authorized by primary care manager): Yes ___ No ____

18. Name of Attendant: _____

19. Attendant's Relationship to Traveler: _____ DEP/RET/Other (Circle One)

20. Attendant's SSN: _____

NOTE: Airfare is authorized for trips over 400 miles one way. If the traveler chooses to drive instead of fly, reimbursement will be limited **ONLY** to what it would cost for airfare, CTO fee, baggage fee and taxes. If the traveler chooses to drive, mileage reimbursement will **ONLY** be for the most direct route to and from the specialty treatment network provider

Direct questions about completing this worksheet to the ITA Coordinator, Jacqueline Roach (256)955-8888 Ext. 1616 or to Valeria Hills, Chief of Medical Records, (256)955-8888, Ext. 1600.

Privacy Act of 1974 and HIPAA are applicable when worksheet is completed.

Routing Instructions and Approval for ITA (Continued)

1. _____   _____
   ITA Coordinator   Date Forwarded

   a. Obtain copy of referral paperwork from patient.
   b. If no copy of referral paperwork from patient available, attach copy of referral authorization from CHCS or HMHS before routing to Chief, Clinical Support Division.
   c. Have patient complete DFAS worksheet to process electronic fund transfer (this is required to be completed only once).

2. _____   _____
   Group Practice Manager (or designee)   Date Forwarded
   Approved/Disapproved/Reason for Disapproval _____

   a. Check for case management validation.
   b. Verify need to send outside local area, considering clinical vs. TRICARE components.
   c. Route to Chief, Resource Management Division.

3. _____   _____
   Chief, Resource Management Division (or designee)   Date Forwarded
   Approved/Disapproved/Reason for Disapproval_____

   a. Verify if appointment within travel guidelines.
   b. Route to ITA Coordinator.

4. After approval with signatures above, ITA Coordinator creates an authorization in the Defense Travel System (DTS) which is routed via DTS through the Resource Management Division (RMD) for review to Authorizing Official (AO), Valeria Hills, for approval.

5. After AO approval, ITA Coordinator prints a copy of travel order for the patient and notifies patient for pick up.

6. Patient picks up travel orders and ITA Coordinator advises patient to keep receipts and to return within 5 days after conclusion of travel for final processing of ITA.

In general, receipts if **under** 12 hours	In general, receipts if **over** 12 hours
Parking. Mileage reimbursed at the rate of $0.16 per mile.	Parking, 3 meals/day (up to per diem) and lodging (up to per diem).

   NOTE: Airfare is authorized for trips over 400 miles one way. If the traveler chooses to drive instead of fly, reimbursement will be limited **ONLY** to what it would cost for airfare, CTO fee, baggage fee and taxis. If the traveler chooses to drive, mileage reimbursement will **ONLY** be for the most direct route to and from the specialty treatment network provider.

7. Patient returns to ITA Coordinator with receipts. IF POSSIBLE, ITA Coordinator will complete DD 1351-2 (Travel Voucher or Sub voucher) and DD 1351-3 (Statement of Actual Expenses – if applicable) and obtain patient's signature at this same visit. Otherwise, patient will have to return to sign the form(s). Scan signed DD 1351-2 and DD 1351-3 (if applicable), along with receipts into PAD Database, ITA Vouchers.

8. ITA Coordinator creates a voucher in DTS from the pertinent authorization which is routed via DTS through BOD for review to AO for approval.