DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

DASG-ZH

26 Feb 03

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: MEDCOM Field Operating Guide (FOG) for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME)

1. Reference Deputy Chief of Staff, G-1, Procedural Guidance for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME), 21 Aug 02, (Military Personnel Policy). All RC soldiers who are on active duty (AD) orders or Inactive Duty Training and require medical treatment/evaluation for more than 30 days past their current orders/training period will require a Line of Duty (LOD) statement. The LOD is necessary for a medical condition (injury, illness, or disease) when it is determined that the service member is unable to perform normal military duties in his/her MOS/AOC. All RC members are eligible for ADME subject to their consent and DA approval. This allows RC members to be retained on AD pending resolution of their medical condition or completion of the physical disability evaluation system. This guidance applies regardless of whether the condition existed prior to service.

2. The enclosed ADME FOG has been developed to complement the reference in paragraph 1 above in providing the regional medical commands and medical treatment facilities procedural guidance in identifying, processing, tracking, and handling RC soldiers eligible for retention under the ADME program.

3. Our point of contact is COL Carlos Arroyo, Directorate of Health Policy and Services, Office of The Surgeon General, DSN 761-3106 or Commercial (703) 681-3106.

FOR THE SURGEON GENERAL:

Encl

JAMES K. GILMAN
Colonel, MC
Acting Assistant Surgeon General
for Force Projection

DASG-ZH
SUBJECT: MEDCOM Field Operating Guide (FOG) for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME)

DISTRIBUTION:
COMMANDER, NORTH ATLANTIC REGIONAL MEDICAL COMMAND, WALTER REED ARMY MEDICAL CENTER, ATTN: MCAT-OP, 6900 GEORGIA AVENUE NW, BUILDING 1, ROOM D406, WASHINGTON, DC 20307-5001
COMMANDER, SOUTHEAST REGIONAL MEDICAL COMMAND, EISENHOWER ARMY MEDICAL CENTER, ATTN: MCSE-R, BUILDING 40709, FORT GORDON, GA 30905-5650
COMMANDER, GREAT PLAINS REGIONAL MEDICAL COMMAND, ATTN: MCGP-OPS, 2410 STANLEY ROAD, SUITE 121, FORT SAM HOUSTON, TX 78234-6230
COMMANDER, WESTERN REGIONAL MEDICAL COMMAND, MADIGAN ARMY MEDICAL CENTER, BUILDING 9040, ATTN: MCHJ-RHO, TACOMA, WA 98431
OFFICE OF THE CHIEF ARMY RESERVE, ATTN: DAAR-HR, 2400 ARMY PENTAGON, WASHINGTON DC 20310-2400
HQDA OFFICE OF THE DEPUTY CHIEF OF STAFF, G1, ATTN: DAPE-PRO (LTC BOGGESS), 300 ARMY PENTAGON, WASHINGTON, DC 20310-0300
DIRECTOR, NATIONAL GUARD BUREAU, ATTN: G-1, 111 SOUTH GEORGE MASON DRIVE, ARLINGTON, VA 22204-1382

MEDCOM Field Operating Guide for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME)

1. REFERENCES.

a. 1998 National Defense Authorization Act (NDAA), Public Law 105-85, Section 513.

b. Title 10, United States Code (USC), Section 1074a.

c. 2000 NDAA, Public Law 106-65, Section 705.

d. Title 10, USC, Section1076 (a).

e. Title 10, USC, Section 12301(d).

f. Title 32, USC

g. Office of the Chairman, Joint Chiefs of Staff, MCM-0006-02, 1 Feb 02, Subject: Updated Procedures for Deployment Health Surveillance and Readiness.

h. Department of Defense Directive (DODD) 6490.2, Subject: Joint Medical Surveillance, 30 Aug 97.

i. Department of Defense Instruction (DODI) 6490.3, Subject: Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97.

j. Deputy Chief of Staff, G-1, Consolidated Personnel Policy Guidance Operations Noble Eagle and Enduring Freedom, http://www.odcsper.army.mil (Plans, Resources and Operations).

k. DODI 1332.38, Physical Disability Evaluation, 14 Nov 96.

l. Army Regulation (AR) 40-400, Patient Administration, 12 mar 01.

m. AR 40-501, Standards of Medical Fitness, 30 Sep 02.

n. AR 135-381, Incapacitation of Reserve Component Soldiers, 1 Jun 90.

o. AR 210-50, Housing Management, 26 Feb 99.

p. AR 600-8-4, Line of Duty Policy, Procedure, and Investigation (this regulation is currently being rewritten). Interim official guidance can be found at website: https://www.2xcitizen.usar.army.mil/soldierservices/medical/lodinvestigations.asp.

q. AR 600-8-6, Personnel Accounting and Strength Reporting, 24 Sep 98.

r. AR 600-8-24, Officer Transfers and Discharges, 3 Feb 03.

s. AR 600-8-101, Personnel Processing (In-And Out-and Mobilization Processing), 1 Mar 97.

t. AR 600-8-104, Military Personnel Information Management/Records

u. AR 600-8-105, Military Orders, 28 Oct 94.

v. AR 635-40, Physical Evaluation for Retention, Retirement or Separation, 15 Aug 90.

w. AR 635-200, Enlisted Personnel, 1 Nov 00.

x. DODD 1241.1, Reserve Components Incapacitation Benefits, 3 Dec 92

y. DODD 4500.9-R, Defense Transportation Regulation (Passenger Movement), 29 Dec 93.

z. DODD 1332.18, Separation or Retirement for Physical Disability, 4 Nov 96.

aa. DORN Memorandum, Subject: Personnel Policy for National Guard and Reserve Personnel Ordered to Active Duty in Support of Operation JOINT ENDEAVOR – Release from Active Duty, 1 Apr 96.

bb. HQ MEDCOM Memorandum, MCHO-CL-P, Subject: Reserve Component Soldiers Requiring Medical Care Upon Demobilization, 6 Sep 01.

cc. Deputy Chief of Staff, G-1, Procedural Guidance for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME), 30 May 01, http://www.odcsper.army.mil (Military Personnel Policy).

dd. AR 135-XX, Active Duty for Missions, Projects, Training, and Medical Extensions for Reserve Component Soldiers (For Other Than a Presidential Reserve Call-up, Partial or Full Mobilization) (when released).

ee. Department of the Army Pamphlet 135-381, Incapacitation Pay Procedures, 1 Jul 90.

ff. Office of The Surgeon General memorandum, DASG-ZA, SUBJECT: Demobilization Guidance for all Reserve Component (RC) Soldiers Activated in Support of Contingencies, 20 Dec 02.

gg. Title 38, Pension, Bonuses, and Veteran's Relief, Code of Federal Regulations, Part 17, Medical, http://www.access.gpo.gov/ecfr .

hh. DODI 1241.2, Reserve Component Incapacitation System Management, 30 May 01.

ii. Office of The Surgeon General memorandum, DASG-ZA, Required Audits of Medical Records, 12 Dec 02.

2. PURPOSE. To provide the regional medical commands (RMCs) and medical treatment facilities (MTFs) procedural guidance in identifying, processing, tracking, and handling the RC soldiers eligible for retention under the ADME program for the purpose of receiving medical care or medical board processing.

3. SCOPE. This guidance applies to all RC soldiers, Army National Guard (ARNG) and Army Reserve (AR), who are on active duty (AD) orders or Inactive Duty Training (IDT) and require medical treatment/evaluation for more than 30 days past their current orders/training period, for a Line of Duty (LOD) medical condition (injury, illness, or disease) when it is determined that they are unable to perform normal military duties in their military occupational specialty/area of concentration (MOS/AOC). In addition, an RC soldier who is on orders for more than 30 days and does not meet medical retention standards can be retained on AD to complete medical evaluation board/physical evaluation board (MEB/PEB) processing regardless of whether the condition existed prior to service. They shall be retained, subject to their consent and Department of Army (DA) approval, pending resolution of their medical condition or completion by the Physical Disability Evaluation System (PDES).

4. GENERAL.

a. For the purpose of this guidance, these soldiers, both ARNG and AR, are referred to as RC soldiers on ADME.

b. RC soldiers who are on contingency orders will remain on those orders until they self-terminate before they can be considered for ADME.

c. RC soldiers are eligible for ADME when they incur or aggravate an injury, disease, or illness in the LOD, while on AD, annual training, additional duty for training, active duty for special work or while performing in an IDT status. This applies to all RC soldiers when it is determined that they are unable to perform normal military duties in their MOS/AOC by a military medical authority (to include soldiers on temporary profiles). If the RC solider can perform military duties but their ability to return to their civilian occupation is impaired, the option of Incapacitation Pay (INCAP) is the mechanism that should be considered.

d. RC soldiers with conditions that existed prior to service are eligible for ADME if their orders for more than 30 days self-terminate and their MEB/PEB processing is not yet completed.

e. Soldiers who are eligible but decline ADME may apply for INCAP pay through their Reserve/National Guard unit (refer to paragraphs 1n and 1ee).

f. ADME status does not extend to soldiers who have initiated, but not completed, elective medical courses of treatment for pre-existing conditions. These individuals should be released from AD and instructed to see their civilian providers for further care.

g. If the treating physician determines that the soldier's condition prevents them from performing their military duties and the necessary treatment or MEB process will extend more than 30 days passed the current orders/training period, the soldier has two options:

(1) Consent to remain on AD (refer to Tab B, sample letter of request for ADME).

(2) Decline to remain on AD for the purpose of receiving medical care or medical board processing. (refer to Tab C, sample letter of declination). Further explanation of treatment options is covered under paragraph 6e, Demobilization Site).

h. Physical disability processing should be initiated as soon as it can be determined that the RC soldier has received optimum medical care and still does not meet medical retention standards or if the physician knows that optimal care will not result in the soldier meeting medical retention standards in accordance with (IAW) Chapter .3, AR 40-501. The Physical Evaluation Board Liaison Officer (PEBLO) will counsel the soldier of associated rights and entitlements when undergoing the MEB/PEB process. These may include retirement or separation for physical disability or placement on the Temporary Disability Retired List (TDRL).

i. Per AR 40-400, the MTF may authorize the soldier to receive medical care at another medical facility (military or civilian) if geographically more advantageous to the soldier's home and unit location and expeditious medical management is not compromised.

j. The MTF is authorized and encouraged to endorse orders (IAW AR 600-8-105) for the soldier to perform "duty at" either a unit on the installation or a unit close to his/her home.

k. If the ADME RC soldier's duty unit is and he lives more than 50 miles and/or 1 hour drive time from a MTF, the soldier will enroll in TRICARE Prime Remote (TPR). The responsible MTFs will maintain medical management and tracking for these RC soldiers until they are released from AD.

l. When placed on ADME orders, RC soldiers have all the AD personnel entitlements. Their family members (FMs) are authorized Uniformed Services Identification and Privilege cards (ID cards), DD Form 1173 and are afforded all medical, dental, commissary, and PX benefits associated with AD FM status.

5. PROCEDURES TO SUBMIT AN ADME REQUEST.

a. The process begins when a health care provider has determined that the RC solider requires medical care that will require more than 30 days to complete and the RC solider has decided to consent to an extension on AD.

b. Soldiers requesting an ADME are required to prepare a DD Form 4187, Application for Personnel Action, and a request for ADME Status (Tab B).

c. The health care provider who evaluates the soldier and determines on-going medical care is required will complete a Physician's Statement (TAB A, sample format). The formal memorandum (on letterhead) from the attending physician must include the following:

(1) Current diagnosis.

(2) Current treatment plan.

(3) Prognosis.

(4) Date the soldier is expected to be returned to full duty.

(5) Full name, grade, and office telephone number of physician.

(6) DA Form 3349, Physical Profile (when available).

d. The RC soldier must submit the completed DA Form 4187, their Request for ADME Status and a Physician's Statement to their assigned unit commander or the unit with command and control over the soldier at the time of the request.

e. The command and control authority will recommend approval or disapproval on the DA Form 4187, which then becomes part of the ADME packet. The unit will forward all ADME request packets to the NGB or DCSPER, G-1 Incapacitation Specialist (IS), respectively. The packet will contain:

(1) DA Form 4187.

(2) Physician's Statement.

(3) DA Form 2173, Statement of Medical Examination and Duty Status, (Line of Duty) that confirms the injury or illness occurred "in line of duty". (Refer to paragraph 1p.)

(4) Request for ADME Status signed by the solider or authorized person, if the solider is unable to sign.

6. RESPONSIBILITIES.

a. Office of The Surgeon General (OTSG)/US Army Medical Command (MEDCOM):

(1) Develop, incorporate, and disseminate ADME medical policy guidance.

(2) Develop and issue procedural guidance to the RMCs and MTFs designed to facilitate the evaluation and treatment of these soldiers.

(3) Coordinate with HQDA G-1 and DA-PERSCOM on ADME tracking issues.

b. Regional Medical Command (RMC):

(1) Acts as liaison between all involved MTFs and/or authorized civilian care providers and the gaining unit commander of "with duty at" unit. The RMC is authorized to communicate directly with these entities as required to ensure timely care is provided to the ADME RC soldier. The RMC points of contact are as follows:

North Atlantic RMC	(202) 782-3441
Southeast RMC	(706) 787-2485
Great Plains RMC	(210) 295-2365
Western RMC	(253) 968-4590
European RMC	pending
Pacific RMC	pending

(2) Notifies the NGB or HQDA, G-1 IS and the RC soldier's mobilization site of any known RC medical evacuations when a RC soldier is medically evacuated directly from the Area of Operations (AO) to a MTF.

(3) Ensures the MTF expedites treatment of a soldier on ADME to facilitate their earliest possible release from AD. All RC personnel on ADME hold the same priority status for access to military health care as their AD counterparts.

(4) Receives monthly reports and documentation from the RMCs/MTFs on the status of all ADME cases.

(5) Maintains the ADME tracking log (Tab F) for the RMC. Monthly reports will be submitted to the MEDCOM Patient Administration Division for compilation in a MEDCOM-wide report.

(6) Coordinates with the RC soldier's command and control element if the soldier misses medical appointments. If unexcused, the RMC will submit a written request for termination of ADME to the ADME approval authority, who in turn submits the request to DA PERSCOM for termination of orders.

(7) Provides, as available, to HQDA G-1 or to the NGB, any updated RC ADME information for inclusion in the Medical Protection System (MEDPROS) database.

(8) Coordinates with the Military Medical Support Office (MMSO) for TPR healthcare when the soldier's residence and designated place of duty are outside TRICARE PRIME locations.

c. MTF Medical Holding Company (MHC):

(1) Performs inprocessing functions--ensuring the RC solider is in the standard installation/division personnel system (SIDPERS), processed for pay and benefits, and entered into the Defense Enrollment Eligibility Reporting System (DEERS) and TRICARE.

(2) Maintains close liaison with the RMC POCs.

(3) Maintains tracking information on all ADME RC soldiers utilizing the format at TAB F.

(4) Ensures the treating MTF expedites treatment of the ADME soldier to facilitate their earliest possible release from AD. All RC personnel on ADME hold the same priority status for access to military health care as their AD counterparts

(5) Provides monthly compilations of ADME tracking reports to the RMCs.

(6) Monitors all scheduled appointments for ADME RC soldiers. Coordinates with the RMC on all cases of missed appointments.

(7) Requires RC soldiers on ADME to report routinely to the MHC command, especially following scheduled appointments.

(8) If the RC ADME soldier's duty unit is and he lives more than 50 miles or 1 hour's drive time from an MTF, they will enroll the soldier in TPR. The MHC will maintain medical management and tracking for these RC solders until they are released

from ADME. All other routine medical care may be obtained through the TPR Program with the MMSO reviewing requests for specialty medical care.

(9) In accordance with AR 600-8-105, amend ADME MTF attachment orders, if applicable, "with duty at" another AC or RC unit location that is closest to the soldier's home, upon further attachment. The duty order amendments must include:

(a) Accounting classification fund cite. (MPA dollars).

(b) Uniform Code of Military Justice (UCMJ) authority.

(c) Permanent Change of Station (PCS) entitlements for FMs are not authorized.

(d) Location of medical treatment if other than the attached MTF.

(e) Unit location, Unit Identification Code, and POC of gaining unit "for duty at."

(f) Reporting requirement to attached MHC, to include medical updates/change of medical status and changes in residence.

(g) If the soldier works and lives more than 50 miles or 1 hour's drive time from an MTF, the soldier must enroll in TPR.

(10) Assists the RC/NG soldier with filing an ADME request. Coordinates with the treating MTF on required documentation.

(11) Sends the individual health record to the soldier's parent command (unit of assignment) upon release from ADME and provides a copy to the soldier upon request.

d. Treating MTF:

(1) Provides an evaluation and expeditious treatment to the RC ADME soldier per AR 40-400.

(2) Determines whether an individual meets medical retention standards per Chapter 3, AR 40-501.

(3) Issues an appropriate profile (DA Form 3349) that reflects the soldier's restrictions or limitations. Ensure the soldier's receiving command and HQDA G-1 or the NGB receives a copy of the soldier's profile.

(4) Ensures the soldier is treated and issued an appropriate release as soon as their condition is adequately resolved. If the RC soldier is unable to return to normal military duty after one year of case management for the diagnosed condition related to

the ADME status, the RC soldier must be referred to an MEB (refer to paragraphs 1m and 1z).

(5) Coordinates transportation and medical treatment to either another MTF or a MTF approved civilian care facility when treatment is unavailable at the treating MTF.

(6) Keeps the RMC ADME Liaison and the RC soldier's MHC informed of the current status/progress of the medical care and MEB/PEB processing (if applicable).

(7) Complies with required audits of medical records for redeployed/demobilized soldier (refer to paragraph 1ii).

e. Demobilization (DEMOB) Site (DEMOB Flow charts are at TAB E):

(1) Each solider will have a complete medical record review and receive a medical benefits and entitlements briefing.

(2) Briefing information should include, but is not limited to, the following topics: right to request a release from active duty (REFRAD) physical, ADME, INCAP pay, TRICARE benefits following REFRAD, POCs for TRICARE claim issues, and Department of Veterans Affairs (VA) access.

(3) Two forms must be completed: Department of Defense (DD) Form 2796, Post-Deployment Health Assessment, to be completed within five (5) days prior to REFRAD out processing, and DD Form 2697, Report of Medical Assessment.

(4) A health care provider (physician, physician's assistant, or nurse practitioner) will review DD Forms 2697 and 2796 and all medical records to determine if a consultation, physical exam, or further medical care is required. If further evaluation or care is required, the reviewing provider will initiate the appropriate referrals.

(5) All RC soldiers are eligible for ADME if they are unable to perform normal military duties in their MOS/AOC when they incur or aggravate an injury, disease, or illness in the LOD, while on AD, or while performing in an IDT status. This applies to all RC soldiers when it is determined by a military medical authority that the RC soldier has sustained a LOD condition that requires more than 30 days of treatment past their current orders/training period. If the RC solider can perform military duties but their ability to return to their civilian occupation is impaired, the option of INCAP is the mechanism that should be considered.

(6) A physician's statement will be completed when the above situation results. The physician's statement will be in formal memorandum format (on letterhead, see TAB A) from the attending physician and must include the following:

(1) Current diagnosis.

(2) Current treatment plan that delineates specifics regarding care required.

(3) Prognosis.

(4) Date the soldier is expected to be returned to full duty.

(5) Full name, grade, and office telephone number of physician.

(6) DA Form 3349, Physical Profile (when available).

(7) If the treating physician determines that the soldier's treatment or MEB process will extend more than 30 days, the soldier has two options:

(a) Consent to remain on AD for the purpose of receiving medical care. (See TAB B for sample request for ADME.)

(b) Decline to remain on AD for the purpose of receiving medical care or MEB processing. (See Tab C for sample letter of ADME declination). The following delineates other treatment options available to the RC solider.

(i) The soldier is entitled to use the nearest military MTF for medical treatment associated with the LOD illness or injury or the nearest VA treatment facility. The DEMOB site medical staff will initiate a Medical Treatment Letter of Authorization/ Instruction (see Tab D for sample).

(ii) To obtain treatment, the RC soldier must have a copy of following documents:

- Medical Treatment Letter of Authorization/Instruction
- All pertinent approved DA Form 2173, Statement of Medical Examination and Duty Status, (Line of Duty) and DD Form 261, Investigation, Report of Line of Duty and Misconduct Status
- DD Form 214, Certificate of Release/Discharge from Active Duty

(iii) Other documents requested, but not required:

- DD Form 2697, Report of Medical Assessment.
- DD Form 2795, Pre-Deployment Health Assessment
- DD Form 2795, Post-Deployment Health Assessment

(iv Military Health System. Upon being REFRAD for periods greater than 30 days, RC soldiers are eligible for temporary medical care under the Transitional Assistance Medical Program and space available dental care at a military dental

treatment facility, 60 days for soldiers with less then 6 years active federal service (AFS) or 120 days for soldiers who have more than 6 years AFS. Reserve component soldiers are authorized health care for service-connected in the LOD injury, illness, or disease at any Uniformed Services Military Treatment Facility (USMTF). Their unit commander or designated representative will coordinate with the nearest USMTF for in LOD medical care if they reside within the catchment area of the MTF or the MMSO (1888-647-6676 or http://mmso.med.navy.mil) if they are located in an area designated as TPR from the MTF. Reserve component soldiers who require care for a LOD disease or injury after their transitional TRICARE benefits expire must have their approved DA Form 2173, Statement of Medical Examination and Duty Status, (Line of Duty) and DD261, Investigation, Report of Line of Duty and Misconduct Status when they request and present for care.

(v) Soldiers who are eligible but decline ADME may apply for INCAP pay through their Reserve/NG unit (refer to paragraphs 1n and 1ee).

(vi) Department of Veterans Affairs Treatment Facility. Care may also be obtained through coordination with the VA under 38 Code of Federal Regulation, Sections 17.46 and 17.47 when mobilization is the result of a federal order or directive. The soldier must furnish a copy of DA Form 2173, Line of Duty and the DD Form 261, Report of Investigation Line of Duty and Misconduct Status and DD Form 214, Certificate of Release or Discharge from Active Duty. Prior coordination with the Installation Transition Office regarding VA benefits during REFRAD is advisable.

(vii) Civilian Health Care. Reserve component soldiers who reside and work (duty location) more than 50 miles from an MTF may request to access civilian medical care through their unit commander. Unit commanders or their designated representative may request civilian medical care through the MMSO at 1-888-647-6676 or visiting MMSO website at http://mmso.med.navy.mil and military duty location.

(8) The DEMOB site will assist the RC soldier in forwarding their application for ADME to the proper authority.

(9) The DEMOB site will ensure all medical data is updated within MEDPROS.

f. Duty Unit. The gaining unit where the RC solider on ADME will perform "duty at" will:

(1) Employ the soldier in a position appropriate to his/her rank and medical profile per AR 40-501.

(2) Ensure the soldier on ADME is carried as "authorized excess" and is on AD "with duty at" an AC or RC unit. The soldier on ADME is "authorized as excess" at the unit and will not be slotted against a TDA/MTOE position unless the soldier on ADME is

performing "duty at" his/her parent unit. For excess ADME, assigned positions will be retained for up to one year. A soldier that is required to remain in an ADME status beyond one year is transferred to the Individual Ready Reserve.

(3) Ensure the soldier is at their designated place of duty during assigned duty hours.

(4) Establish a rating chain IAW AR 623-105 (Officer) and AR 623-205 (Enlisted).

(5) Ensure the soldier reports for all medical appointments and follows the prescribed medical regimen. The soldier on ADME is required to report for all medical appointments unless circumstances clearly beyond their control prevents them from keeping appointments and the appropriate authority has approved changes. Failure to make scheduled appointments or report for duty will result in immediate UCMJ action and possible release from ADME status.

(6) Assist ADME RC soldiers traveling to their attached MTF for periodic outpatient checkups or administrative action with completion of TDY (DD Form 1610) travel orders utilizing the fund cite provided by their unit of assignment IAW AR 40-400, paragraph 2-6a. This does not include ADME soldiers placed on medical evacuation flights.

(7) Provide IAW AR 210-50, adequate quarters to the soldier, upon request, in situations where a soldier is performing "duty at" a military installation greater than a 90 minute drive from their home. Per diem, family quarters, and PCS of FMs are not authorized.

(8) Reimbursement for travel is not authorized for transportation to and from the treating medical facility unless the facility is greater than 50 miles and 1 hour drive time.

(9) Ensure retirement points are accrued.

(10) Ensure leave is accrued and the RC soldier can use this leave before their ADME orders terminate.

7. RELEASE FROM ACTIVE DUTY (REFRAD).

a. Coordination for REFRAD is the responsibility of the attached MHC. Once the soldier's medical treatment or board action is completed, the duty unit commander will coordinate with the RMC and the soldier's attached MHC to arrange for the outprocessing/REFRAD of the soldier. A soldier who redeployed is not required to return to the original redeployment/demobilization site to be REFRAD, once placed in an ADME status.

b. Prior to release, DD Form 2697, Report of Medical Assessment, will be completed (refer to paragraph 1m). A separation medical examination will be done if medically indicated or if the soldier requests it.

c. The installation Adjutant General will provide the soldier a completed DD 214 if on AD for more than 90 days.

d. Prior to release, the soldier will attend transition briefings to include:

(1) Reemployment rights.

(2) Entitlements.

e. The unit of attachment will "depart" the soldier to the installation transfer point within the SIDPERS. In turn, the installation will release the soldier from AD.

f. If the soldier has to travel outside the local commuting area to be outprocessed/REFRAD, a DD Form 1351-2 must be submitted and accompanied with a copy of authorized travel orders at the transition point.

g. The MHC will notify their RMC POC who in turn will notify the appropriate RC ADME approval authority of the soldier's REFRAD. The appropriate RC ADME approval authority will notify DA PERSCOM and update the MEDPROS ADME database. The DA PERSCOM will move the soldier's file to the historical records file and delete them from the active ADME database file.

8. POC for this guidance is DASG-HS-PA, Patient Administration, (703) 681-3113.

TAB A: SAMPLE of a Physician's Statement Format (to be put on letterhead)

Memorandum from the attending physician stating current diagnosis, treatment plan, prognosis and expected date of return to full duty. Full name, grade and phone number of physician must be included. Statement will be put on letterhead.

Physician's Statement of Medical Treatment

Office Symbol:_____ Date:_____

MEMORANDUM FOR PERSCOM, XXXXXX

SUBJECT: Statement of Medical Condition and Treatment Plan

1. I have evaluated _____
Last Name First Name SSN

And determined that he/she will require the following medical care in order to be returned to duty.

2. The above treatment plan will take approximately _____ weeks to resolve. I have scheduled

a follow-up appointment on _____.

3. My clinic phone number is _____.

_____
Physician Signature & Stamp

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TAB B -- ADME Request Letter

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL DATE

MEMORANDUM FOR Office of the Deputy Chief of Staff, G-1,
(DAPE-MP-RC/MSG Wilks), 300 Army Pentagon, Washington, DC 20310-0300

SUBJECT: Request for ADME Status

1. I, (PRINT NAME), _____ (SSN), _____ request extension on active duty to receive medical treatment for injury(s), illness or disease incurred while on active duty/IDT.

2. I understand that I will be attached to the Army Medical Treatment Facility closest to my home. I may be required to perform "duty at" a unit other than my unit of assignment (Active Component or Reserve Component) near my home. Determination of MTF and duty unit is contingent on the medical treatment required and availability of medical resources in that area.

3. While on active duty, I am subject to the Uniform Code of Military Justice (UCMJ) and applicable laws and regulations that govern my duty, actions, conduct, performance, responsibilities and obligations.

4. The following are my responsibilities, as I understand them:

a. I will report for duty on the date and time specified on my orders. My duty station will be the unit designated by my orders.

b. I will ensure that I clearly understand my chain of command at my new duty station.

c. I will keep my chain of command informed of all medical appointments. Medical appointments are my designated place of duty on the specified date and time.

d. I will attend all medical appointments unless circumstances arise which are clearly beyond my control and the appropriate authority has approved changes.

e. **Failure to report to my appointed place of duty, attend medical appointments as required or to keep my chain of command informed of my duty**

status will result in immediate UCMJ action and possible release from Active Duty with loss of post REFRAD medical benefits. REFRAD will be conducted in accordance with AR 600-8-101.

5. I understand leave will accrue while in an ADME status.

6. I understand I will accrue retirement points while in an ADME status.

7. I understand I compete for promotion on the Reserve Active Status List (RASL) for not more than 3 years or from the date ordered to Active Duty.

8. I understand upon completion of my treatment/Board action I will be REFRAD /Discharged.

9. I understand that when on active duty under ADME status, I am not entitled to Permanent Change of Station (PCS) entitlements.

10. I understand that I will not receive per diem while in ADME, performing duty at the designated unit.

11. I understand that I am entitled to receive BAH/BAS entitlements and must submit the required documentation in order for this entitlement to start.

12. I understand a copy of this letter will be placed in my official file and forwarded to my gaining command.

13. I acknowledge that I have read and understand the information contained in this letter.

Soldier's Signature:

Print Name/Rank: _____
Soldier's Signature: _____
Date: _____

Individual Providing Counseling:

Print Name: _____
Signature: _____
Duty Position: _____
Date: _____

Telephone Number: _____

Privacy Act, Sec 3 (c)(10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

TAB C – Declination of ADME Statement

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL DATE

MEMORANDUM FOR Office of the Deputy Chief of Staff, G-1,
(DAPE-MP-RC/MSG Wilks), 300 Army Pentagon, Washington, DC 20310-0300

SUBJECT: Declination of Active Duty Medical Extension (ADME)

1. I, (PRINT NAME), _____ (SSN), _____ decline extension on active duty for medical care.

2. I understand that I have not waived my right to medical care. I am entitled to care through any military or Department of Veterans Affairs (DVA) Medical Treatment Facilities for medical treatment associated with my line of duty illness or injury.

3. I understand that access to either military or DVA medical treatment facilities and continued medical care is based on the determination documented on of my Line of Duty (DA Form 2173), and military medical records.

4. I may also be eligible to apply for incapacitation pay through my Reserve/NG unit.

Soldier's Signature:

Print Name/Rank: _____
Soldier's Signature: _____
Date: _____

Individual Providing Counseling:

Print Name: _____
Signature: _____
Duty Position: _____
Date: _____
Telephone Number: _____

Privacy Act, Sec 3 (c)(10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

TAB D: Medical Treatment Letter of Authorization/Instruction Format

LETTERHEAD

OFFICE SYMBOL DATE

MEMORANDUM FOR NAME, RANK, SSN, UNIT OF ASSIGNMENT

SUBJECT: Medical Treatment Letter of Authorization/Instruction

1. Under the provisions of paragraph 3-2k, Army Regulation (AR) 40-400, Patient Administration; paragraph 2-4, AR 135-381; and the TRICARE Handbook, September 2002, Transitional Health Care Benefit (THCB); you are advised of the following:

a. Upon release from active duty (REFRAD) for periods greater than 30 days, Reserve Component (RC) soldiers are eligible for temporary 60 or 120 days of medical care under the Transitional Assistance Medical Program and space available dental care at a Military Dental Treatment Facility. RC soldiers are authorized health care for service connected in line of duty injury, illness, or disease at any Uniformed Services Military Treatment Facility (MTF) and can apply for eligibility with the Veterans Administration. Your Unit Commander or designated representative will coordinate with the nearest Uniformed Services MTF for in line of duty medical care if you reside within the catchment area of the MTF or the Military Medical Support Office (1888-647-6676 or http://mmso.med.navy.mil) if you are located in an area designated as TRICARE Prime Remote from the MTF.

b. You have been diagnosed as having the following medical condition(s): _____.

c. Your injury/disease was first treated at _____ on _____.

2. To obtain treatment, you must have a copy of following documents:

a. Medical Treatment Letter of authorization/instruction
b. all pertinent approved DA Form 2173, Statement of Medical Examination and Duty Status, (Line of Duty) and DD Form 261, Investigation, Report of Line of Duty and Misconduct Status
c. DD Form 214, Certificate of Release or Discharge from Active Duty

3. Other documents requested but not required:

a. DD Form 2795, Pre-Deployment Health Assessment
b. DD Form 2795, Post-Deployment Health Assessment
c. DD Form 2697, Report of Medical Assessment.

4. Responsibility for medical treatment has been transferred to:
_____.

5. Your next appointment is scheduled for _____.

6. The POC (name/telephone number) at the MTF is_____.

7. The point of contact (POC) for RC soldiers is the Reserve Liaison Officer in your regional medical command (RMC). They are listed below.

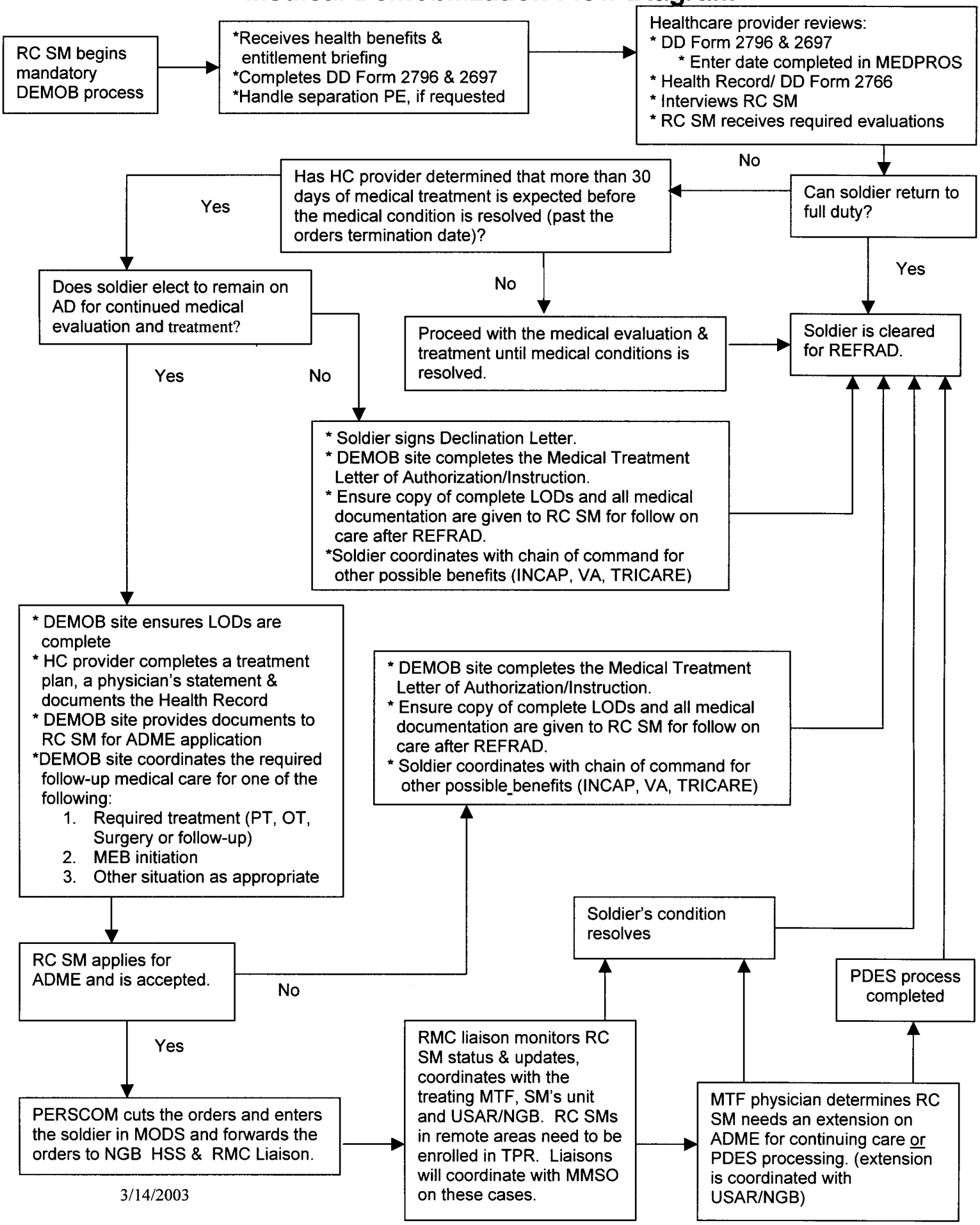
North Atlantic RMC (WRAMC): COM (202) 782-3476 or DSN 662-3476
Southeast RMC (DDEAMC): COM (706) 787-2480/1 or DSN 773-2480/1
Western RMC (MAMC): COM (253) 968-2040/41 or DSN 782-2040/4140
Great Plains RMC (BAMC): COM (210) 295-2487 or DSN 421-2487

8. The POC for NG soldiers is STARC Headquarters in your state.

Chief, Patient Administration
Signature Block

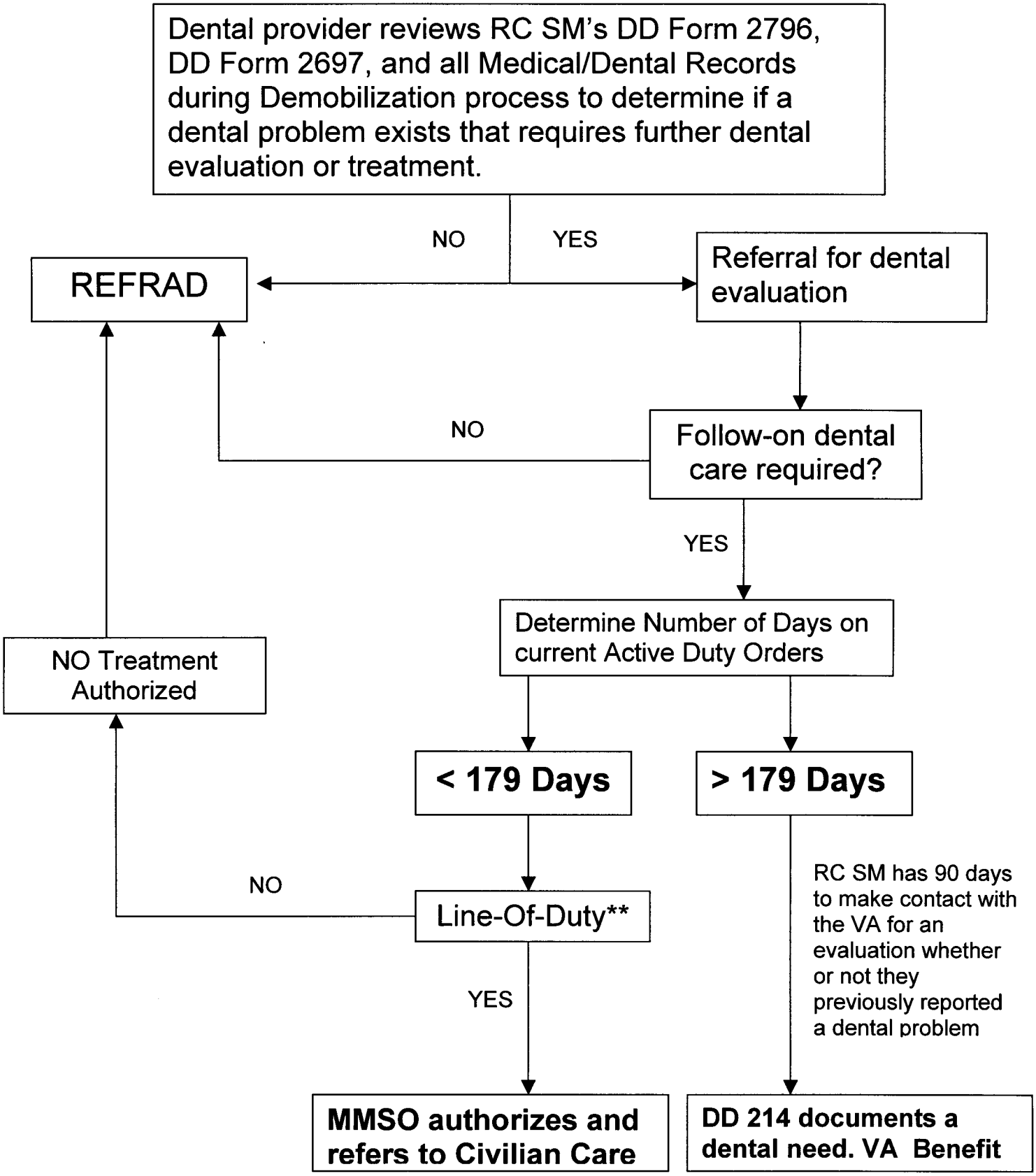
TAB E: DEMOB flow charts

Medical Demobilization Flow Diagram



3/14/2003

Dental Demobilization Flow Diagram



** Documentation in the Health/Dental Record (SF 603, 603A) and completed LODs (DA Form 2173 and/or DD Form 261) are required for RC SM to receive authorization for follow-on dental care.

3/14/2003

TAB F: ADME Tracking Log Format

Separate EXCEL file is available on the PAD website.

TAB G - GLOSSARY

AC	Active Component
ADME	Active Duty on Medical Extension
AG	Adjutant General
AOC	Area of Concentration
ARCOM	Army Reserve Command
AR-PERSCOM	Army Reserve Personnel Command
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
COAR	Continuation in Active Reserve
DA	Department of the Army
DS	Demobilization Station
DCSPER	Deputy Chief of Staff for Personnel
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ETS	Expiration Term of Service
HQ	Headquarters
IDT	Inactive Duty Training
IRR	Individual Ready Reserve
IS	Incapacitation Specialist
MEB	Medical Evaluation Board
MEDCOM	Medical command
MMSO	Military Medical Support Office
MOS	Military Occupational Specialty
MPA	Military Personnel, Army
MRD	Mandatory Removal Date
MTF	Medical Treatment Facility
MTOE	Military Table of Organization and Equipment
NGB	National Guard Bureau
OCAR	Office, Chief of Army Reserve
OTSG	Office of The Surgeon General
PCS	Permanent Change of Station

PDES	Physical Disability Evaluation System
PEB	Physical Evaluation Board
PEBD	Pay Entry Basic Date
PEBLO	Physical Evaluation Board Liaison Officer
PERSCOM	Personnel Command
POC	Point of Contact
RC	Reserve Component
REFRAD	Release from Active Duty
RMC	Regional Medical Command
RSC	Regional Support Command (USAR)
SIDPERS	Standard Installation/Division Personnel System
STARC	State Reserve Command (NG)
TDA	Table of Distribution and Allowances
TDRL	Temporary Disability Retired List
TDY	Temporary Duty
TERA	Temporary Early Retirement Authority
UCMJ	Uniform Code of Military Justice
UIC	Unit Identification Code
USAMEDCOM	United States Army Medical Command
USARC	United States Army Reserve Command
USASOC	United States Army Special Operations Command
USC	United States Code