

MEMORANDUM FOR ACTIVE DUTY MEMBERS
SEEKING ELECTIVE CIVILIAN CARE

FROM: (Beneficiary Counseling and Assistance Coordinator (BCAC) OFFICE SYMBOL)

SUBJECT: Elective Civilian Care Health Benefit Counseling

1. There is no policy that precludes an active duty member from seeking elective civilian health care at the member's own expense, even if such care is not an authorized benefit.
2. I, _____ understand that some medical procedures may directly, or through a series of complications, impact my fitness for duty and worldwide duty qualifications, and that this may have an impact on my retainability.
3. I understand the following: (Please read and initial each statement)

_____ In accordance with AFI 44-102, *Medical Care Management*, Chapter 6, Paragraph 6.2., Elective Surgery, Active Duty personnel must have written approval of the member's squadron commander and the Medical Treatment Facility (MTF) commander prior to any non-refundable deposits (surgery, airline tickets, etc) being made.

_____ In accordance with AFI 41-210, *Patient Administrations Functions*, Chapter 2, Paragraph 2.5.2., Elective Civilian Medical Care for Active Duty Members, I must arrange for the civilian facility to send a summary of treatment to my servicing Medical Treatment Facility (MTF) promptly.

_____ I cannot hold the United States Government or the Department of the Air Force responsible for any disabilities and/or death occurring from the medical care.

_____ If I am on flying status, special operational duty, or sensitive duty program (i.e. Air Traffic Controllers, Personnel Reliability Program (PRP), PSP), I must get approval from my Flight Surgeon (FS), PRP or competent medical authority . Temporary or permanent grounding may occur for flyers/special operational duty personnel. Personnel on PRP may be suspended until such time that their medical condition warrants return.

_____ All treatment and follow-up medical care will be at my expense.

_____ Ordinary leave for lost time may be required in accordance AFI 36-3003, *Military Leave Program*, Table 2, rule 8.

_____ I can only be authorized convalescent leave if I experience complications and seek treatment (not follow-up) from my MTF. Convalescent leave is only recommended by a military healthcare provider and is approved/disapproved by my Unit Commander. Only under special circumstances may convalescent leave may be granted for the actual procedure, but it must be preapproved.

_____ I must provide the following information to the (your MTF) for review and inclusion into my medical record: Nature of the ailment or illness, treatment received or recommended, and any drugs or medications prescribed.

_____ I must arrange for the civilian medical facility to send a summary of treatment to my MTF Primary Care Manager.

_____ I may require a Medical Examination Board (MEB) to determine my qualification for continuance of worldwide duty. MEB results may find me unfit for worldwide duty and I may be discharged without disability compensation.

_____ Line of Duty (LOD) determination will be made when an AF member, whether hospitalized or not, has a disease or injury that results in the inability to do military duties for more than 24 hours; there is a likelihood of a permanent disability; death; when there are surviving dependents; or when medical treatment is required for reserve members, regardless of the ability to perform military duties.

_____ Follow-up care by a MTF may not be available for certain procedures/ treatments received by a civilian provider and it will be at my own expense to acquire the follow-up care.

_____ If I have any questions concerning this letter, I will contact the Beneficiary Counseling and Assistance Coordinator (BCAC) at (xxx) xxx-xxxx or DSN xxx-xxxx.

I have been counseled by (BCAC name at your MTF). I have initialed each item above to acknowledge my agreement.

Print and Sign Your Name

Date

(Name/Signature)
Beneficiary Counseling and Assistance Coordinator

Date