

## Initial Enrollment & 3 Year Updates

Providers must complete pages 4-7. Pages 8-11 are completed only when applicable.

Reimbursement for pages 4-7 will be actual cost charged to family or \$60, whichever is less

Reimbursement for pages 8-11, when required, will be at actual cost or a maximum of \$15/page, whichever is less.

Total maximum reimbursement is actual cost up to a maximum of \$200/package (including pages 4-7 and any submitted addenda).

Reimbursement excludes any other costs associated with visit (e.g. co-pay, cost share)

Receipt must include the following: physician's name, date, and marked 'PAID' or showing a zero sum balance. Receipt must detail form completion as a separate expense.

**Reimbursement occurs locally and does not require HQMC approval. Installations will use Standard Form 1164.**

## Updates Submitted Prior to 3 Year Requirement

Providers must complete pages 4-7. Pages 8-11 are completed only when applicable

Reimbursement for pages 4-7 will be actual cost charged to family or \$60, whichever is less.

Reimbursement for pages 8-11, when required, will be at actual cost or a maximum of \$15/page, whichever is less.

Reimbursement excludes any other costs associated with visit (e.g. co-pay, cost share)

Total maximum reimbursement is actual cost up to a maximum of \$200/package (including pages 4-7 and any submitted addenda).

Receipt must include the following: physician's name, date and marked 'PAID' or showing a zero sum balance. Receipt must detail form completion as a separate expense.

When update is submitted as a result of an EFMP Assignment Review recommendation for pending PCS orders, reimbursement is limited to one update within a 12-month period.

**HQMC EFMP approval is required prior to local reimbursement. Following review of updated documents, authorization letter will be provided to installation EFMP establishing authorization for reimbursement and amount. Installations will use Standard Form 1164.**