



Appointment Request Form

Fields with asterisks (*) are required.

Member Information

*First Name: _____ Middle Initial: _____ *Last Name: _____

*Social Security Number: _____ *Date of Birth: _____

*Rank: _____ *Branch of Service: _____

Member Address:

*Street 1: _____

Street 2: _____

*City: _____ *State: _____ *Zip Code: _____

Member Contact Information: *Either email or phone is required.

Email: _____ Phone: _____

Fax: _____ *Contact Preference: Phone Email

Member Appointment Information:

*Who will be responsible for scheduling the appointment? United Concordia Active Duty Member

Appointment Reason: _____

If you have a provider preference, please complete the information below:

Provider Information:

Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the TRICARE Active Duty Dental Program (ADDP) and how it will be used.

AUTHORITY:	10 U.S.C. Chapter 55, Medical and Dental Care; 32 C.F.R. 199.17, TRICARE Program; 45 C.F.R. Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.
PURPOSE:	To provide for enrollment, processing of claims, and customer service to individuals eligible for TRICARE Active Duty Dental Program benefits.
ROUTINE USES:	In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Information from this system may be shared with federal, state, local, or foreign government agencies, and with private business entities, including individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.
DISCLOSURE:	Voluntary. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays.