

MEDICAL CARE - THIRD PARTY LIABILITY NOTIFICATION

1. PATIENT DATA

PATIENT DATA WILL INCLUDE:

Name - (Last, First, Middle Initial)
 Grade and Social Security No.
 Component
 Organization and Station
 Home Address (Include ZIP Code)
 Branch of Service(i.e., Army, Navy, Air Force)
 Status (i.e., EAD, Retired, Inactive Duty for Training, etc.)
 Medical Treatment Facility
 Date of Admission

(SHOW ITEM NUMBERS TO WHICH ENTRIES APPLY WHEN CONTINUING ON REVERSE)

2. DIAGNOSIS (Use standard diagnostic terms)

3. PROGNOSIS (Include expected length of hospitalization or expected number of outpatient visits)

(Check if continued on reverse)

(Check if continued on reverse)

4. CAUSE OF INJURY

(Check if continued on reverse)

5. REMARKS

(Check if continued on reverse)

6. AGENCY SPONSORING PATIENT

7. DISPOSITION OF PATIENT

8. DATE OF DISPOSTION

9. DAYS BED OCCUPIED

10. OUTPATIENT VISITS

THIS FACILITY

TOTAL TO DATE

THIS FACILITY

TOTAL TO DATE

11. TYPE OF NOTIFICATION

12. AMOUNT PAID BY PATIENT

13. CONTROL NUMBER

INITIAL

TRANSFER

FINAL

DATE

SIGNATURE OF PATIENT AFFAIRS OFFICIAL

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

