

Beneficiary Full Name: _____

Sponsor's SSN: _____ - _____ - _____

Date of Birth: _____

Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter or attach it to your [online request](#).

TRICARE Operations Manual Chapter 17, Section 3 states assisted reproductive technology (ART), including embryo cryopreservation and storage, to assist in the reduction of the disabling effects of an active duty service member's (ADSM) qualifying condition is only covered for specific indications.

Complete the following sections based on the ADSM's diagnosis:

- Cancer: Complete Sections I and II.
- Urogenital trauma: Complete Sections I and III.

Section I

- ART is requested to permit procreation with the ADSM's lawful spouse.
- The ADSM has the capacity to provide informed consent and both the ADSM and his or her spouse have consented to the use of ART.
Note: Third party consent is not authorized.
- The ADSM or lawful spouse has completed no more than three IVF cycles and/or initiated no more than six IVF cycles AND no more than six attempts total to accomplish three completed IVF cycles have been made.

Section II

- The ADSM is seriously or severely ill (Category II or III) as a result of cancer and is scheduled to undergo or has undergone a gonadotoxic treatment for cancer at the time of retrieval.
- If female, age is 49 or under at the time of oocyte retrieval; if male, age is 61 or under at the time of sperm retrieval.
- The ADSM is on a period of active duty greater than 30 days and is scheduled to remain on active duty for the duration of the retrieval and freezing process.

- If mature oocyte retrieval is requested:
The ADSM or lawful spouse has had no more than three completed retrieval cycles AND no more than 20 oocytes retrieved.
- If sperm collection and retrieval is requested:
The ADSM or lawful spouse has a maximum of either two simple specimen collections or one invasive procedure for sperm retrieval.
- If cryopreservation is requested:
Please give date of first retrieval of all mature oocytes and sperm: _____.
- Oocytes, sperm, and embryos shall be stored at a facility or facilities listed and registered in accordance with Code of Federal Regulations Title 21 Part 1271.

Section III

- The ADSM has sustained a serious or severe illness/injury while on active duty that led to the loss of his or her natural procreative ability.
- If ADSM is male:
He is able to produce sperm but in need of alternative sperm collection technologies due to a lost ability to ejaculate in a way that allows for egg fertilization.
- If ADSM is female:
She has ovarian function and a patent uterine cavity that would allow them to successfully carry a fetus even if unable to conceive naturally.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Provider's printed name and title: _____

TIN: _____ Signature: _____ Date: _____

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L. 104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

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