

Beneficiary Full Name: _____

Sponsor's SSN: _____ - _____ - _____

Date of Birth: _____

Beneficiary State of Residence: _____

Dear Provider,

Complete the letter of attestation below and return as indicated on the additional information request letter or attach them 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 applicable sections:

Section I

- ☐ ART is requested to permit procreation with the ADSM's lawful spouse or unmarried partner.
- ☐ The ADSM has the capacity to provide informed consent and both the ADSM and his or her spouse or unmarried partner have consented to the use of ART.

Note: Third party consent is not authorized.

- ☐ The ADSM, lawful spouse, unmarried partner, or third-party gestational carrier 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

- ☐ 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 ART process.
- ☐ If mature oocyte retrieval is requested:
The ADSM, lawful spouse or unmarried partner has had no more than three completed retrieval cycles OR no more than 20 oocytes retrieved.

- ☐ If sperm collection and retrieval is requested:
 - ☐ For cryopreservation:
 - ☐ The ADSM, lawful spouse or unmarried partner has a maximum of two simple specimen collections.
 - ☐ The ADSM has a maximum of one invasive procedure for sperm retrieval.
 - ☐ For use in intrauterine or IVF at time of oocyte retrieval, a reasonable number of simple specimen collections are covered.
- ☐ 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

- ☐ Please provide:
 - Number of specific gamete retrieval cycles previously initiated and completed:
 - ☐ Sperm _____
 - ☐ Oocyte _____
 - Number of IUI cycles previously completed: _____
 - Number of embryo transfer cycles completed: _____

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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