

Guidance to request Integrated Disability Evaluation System (IDES) orders for Reserve Component and Army National Guard Soldiers to travel to scheduled Medical appointments

1. In order to facilitate the timely processing of **IDES orders by Medical Command (MEDCOM) Soldier Transition Branch (STB)**, units will request IDES orders for Soldiers who are scheduled to report to a Veteran Administration Medical Clinic (VAMC) or MEDCOM Military Treatment Facility (MTF) for related appointment(s) pertaining to their medical evaluation board using the following guidance.

2. Required documents:

a) Email coversheet with approved LOA from PEBLO (See sample email)

b) Commander's memorandum – see sample attached; signature authority memorandum is

required when Commander is not available to sign. One memorandum is required for multiple scheduled appointments. **No travel days** will be included in the Commander's memorandum **unless distance exceeds 400 miles** (see attached Defense Travel Management frequently asked questions printout).

c) DA Form 4187 – See sample attached; must include Commander's signature block, signature, and date. A separate memorandum is required for Soldier members who are unavailable for signature (see attached sample).

d) Copy of the **scheduled appointment or email notification** from the Physical Evaluation Board Liaison.

3. A **memorandum of lateness** from the Commander or Commander's representative is required for any requests submitted to MEDCOM after the scheduled appointment dates.

4. When submitting a request for multiple appointment dates and there is more than a 7-day gap between appointments, multiple LOA's are required to support complete request; you must verify with Soldier's PEBLO that appropriate LOA's have been validated by MEDCOM to support your request. EX:

(DATE OF SCHEDULED APPT(S): 18 & 27 SEP 2017, 3 OCT 2017- **2 LOA's** are required **1 to support 18 Sep** and **1 to support 27 & 3 Oct**)

NOTE: LOA request should be submitted by the PEBLO before the appointment date and no later than 12 days after the appointment. If not submitted within the time frame the LOA will not be approved.

5. Units will submit completed request via email to MEDCOM Soldier Transition Branch at usarmy.jbsa.medcom.mbx.medcom-12301h@mail.mil. No email requests for IDES orders will be sent to individual email accounts.

6. Effective immediately, units will annotate in email subject line the below formats:

Email Subject Line for one appointment

IDES (14APR2014)-SFC CASHRICE 6745

IDES (14MAY2014)-MAJ PERRY 4255

Email Subject Line for multiple appointments

IDES (22 & 25APR2014)-SPC HUANG 2344

IDES (30APR, 1MAY,

SAMPLE OF APPROVED LOA FROM PEBLO's EMAIL

ALCON

A Line of Accounting (LOA) has been assigned to the below Soldier. Please provide unit with LOA to submit with IDES orders packet. If the unit does not submit LOA with IDES packet this could delay the processing of the order. If you have any questions please give me a call.

LOA: 5059375172

NAME: SMITH, TEST RANK: SSG

SSN: 4866

APPOINTMENT DATES: 7 MARCH AND 8 MARCH 2018 PMEB # 11276 PEBLO NAME: Paul A. Smith PEBLO

LOCATION: FORT GORDON, GA

SAMPLE EMAIL FOR 1 APPOINTMENT

EMAIL COVERSHEET 1 APPOINTMENT

To: USARMY JB San Antonio MEDCOM Mailbox MEDCOM 12301H
Subject: IDES (27MAY2014)-SGT CASTRO 1456 (UNCLASSIFIED)

RANK: SGT
LAST: CASTRO
FIRST: JENNIFER
DATE OF SCHEDULED APPT(S): 27MAY2014
PEBLO NAME: ROBERT WILLIAMS
PEBLO LOCATION (POST): FORT CARSON MEBROC

*****SENDER*****

Insert signature block with contact information.

*****SAMPLE EMAIL FOR ONE APPT*****

SAMPLE EMAIL FOR MULTIPLE APPOINTMENT

EMAIL COVERSHEET FOR MULTI APPTS

To: USARMY JB San Antonio MEDCOM Mailbox MEDCOM 12301H
Subject: IDES (27MAY2014)-SGT CASTRO 1456 (UNCLASSIFIED)

RANK: CPT
LAST: BOYD
FIRST: PATRICK
DATE OF SCHEDULED APPT(S): 14,20JUN/13JUL2014
PEBLO NAME: ELIZABETH POLINSKI
PEBLO LOCATION (POST): FORT GORDON

*****SENDER*****

Insert signature block with contact information.

*****SAMPLE EMAIL FOR MULTIPLE APPTS*****

SAMPLE **COMMANDER'S** MEMORANDRUM
(UNIT LETTERHEAD)

Office Symbol Date

MEMORANDUM FOR MEDCOM, Soldier Transition Branch, 4270 Gorgas Circle, Bldg 1070, 6th Floor JBSA
Fort Sam Houston, TX 78234

SUBJECT: Request for IDES Orders

1. Individual below is scheduled for the following medical appointment(s):

- a. Name: SGT John Doe
- b. SSN: 111-11-1111
- c. Scheduled Appointment(s) / Location(s):
 - 1 April 2014, Ft. Knox, KY
 - 5 April 2014, Louisville, KY
 - 8 April 2014, Ft. Knox, KY
- d. Mode of Transportation: POV OR Commercial Air (not both)
- e. M&IE and Lodging: IAW Joint Federal Travel Regulation (JFTR)
- f. Unit POC: SFC John Q. Sample, Readiness NCO, (404) 222-2222
- g. PEBLO Name and Post Location: SGT Erick Cruz, Ft. Carson, CO

2. Point of contact for this request is the undersigned at (404) 111-1111 or email
john.q.sample.mil@mail.mil.

John Q. Sample
CPT, LG
Commanding

SAMPLE DA 4187

DA 4187 SAMPLE

Copy 1

Circle the appropriate copy designator
Copy 2 Copy 3

Copy 4

PERSONNEL ACTION		
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9097.	
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section II).	
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.	
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.	
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)
	MEDCOM, Soldier Transition Branch 4270 Gorgas Circle, Bldg. 1070 Fort Sam Houston, TX 78234	COMPLETE UNIT ADDRESS
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI) BOYD, PATRICK	5. GRADE OR RANK/PMOS/ADOC CPT / IN	6. SOCIAL SECURITY NUMBER 123-45-6789
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (En/only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (En/only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Releasing in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DCB
<input type="checkbox"/> Exchange Reassignment (En/only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> IDES ORDERS
9. SIGNATURE OF SOLDIER (When required) MEMO REQUIRED - NO SIGNATURE		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p>COMPONENT (circle one): ARNG / USAR UIC: _____</p> <p>CURRENT HOR ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____</p> <p>ETS: _____ MRD: _____</p> <p>Commander has counseled the Soldier and verified the following:</p> <p>Soldier desired to return to active duty under the provision of 10 U.S.C § 12301(h) for Reserve Component Managed Care - Disability Evaluation System (RCMC-DES).</p> <p>Soldier is not pending or undergoing any UCMJ or adverse administrative actions.</p> <p>Soldier's medical condition(s) were incurred or aggravated in the line of duty.</p> <p>UNIT POC: _____ PHONE: _____ EMAIL: _____</p>		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
JOHN DOE, CPT, IN, Cdr		20140417

SAMPLE MEMORANDUM WHEN SM IS UNAVAILALBE FOR SIGNATURE ON 4187

**SAMPLE COMMANDER'S MEMORANDRUM
(UNIT LETTERHEAD)**

Office Symbol Date

MEMORANDUM FOR MEDCOM, Soldier Transition Branch, 4270 Gorgas Circle, Bldg 1070, 6th Floor JBSA
Fort Sam Houston, TX 78234

SUBJECT: No Soldier Signature on DA Form 4187

1. SFC Jones, John J. did not sign the DA Form 4187 due to a work conflict. The SM has been made aware of his/her obligation to attend all scheduled appointments.

2. Point of Contact for this memorandum is SFC Jackson, Janet B., at (123) 456-7890 or janet.b.jackson.mil@mail.mil

JAROD J. JEFFERSON
CPT, IN, KAYARNG
Commanding

SAMPLE COPY OF SCHEDULED APPT OR EMAIL NOTIFICATION

QTC Medical Services, Inc. Notification of Diagnostic Appointment

Thorp, Charles
127 N Fernwood Ave
Fitman, NJ 08071-1250

Date: 7/13/2017

Acct.#: 4087516.1.2

Dear Mr. Thorp:

The Department of Veterans Affairs (VA) has contracted with QTC to conduct VA Compensation and Pension examinations for veterans and active duty service members. This letter will tell you more about your examination appointment, what you need to do, and who to call if you have any questions.

Your appointment is scheduled for:

Date/Time: 07/21/2017 @ 07:30 am
Provider: Quest Diagnostics SPC: DIA
Address: Quest Diagnostics-S, Broad Street 2219 S Broad St Philadelphia, PA 19148

Do I need to attend this appointment?

Yes. The results of this examination are a critical component in determining both your eligibility for continued military service and your VA benefits. If you are unable to make this appointment please contact your PEBLO, VA MSC or QTC representative at 1-800-682-9701 as soon as possible. Re-scheduling is only allowed in very limited situations.

****NOTE: If you are unable to keep any appointment, you are required to contact your VA MSC or PEBLO within 48 hours prior to the scheduled appointment time. The VA will have to pay a no show fee if you call less than one full business day (24 hours) before your appointment time.****

What if I have specialized accessibility needs?

If you have any special accessibility needs such as an inability to transfer from wheelchair to exam table on your own, or an oversized wheelchair or motorized scooter please contact your QTC representative at 1-800-682-9701.

Is this examination free?

Yes. This test is at no cost to you because the VA will pay for your test(s). Please do not give the provider's office your private insurance information. If you do receive a bill in error, please contact your QTC representative VSC NAME at 1-800-xxx-xxxx extension xxxx.

Will I Be Reimbursed for Travel Expenses?

Travel will be reimbursed to veterans at a rate of 41.5 cents per mile. You will receive your payment after your appointment. If you do not receive a check within seven business days after your appointment and believe you are eligible, please contact your QTC representative VSC NAME at 1-800-xxx-xxxx extension xxxx.

Sincerely,

QTC
1-800-682-9701

cc: DMVA NJ

SAMPLE MEMORANDUM OF LATENESS

(UNIT LETTERHEAD)

Office Symbol Date

MEMORANDUM FOR MEDCOM, Soldier Transition Branch, 4270 Gorgas Circle, Bldg 1070, 6th Floor JBSA
Fort Sam Houston, TX 78234

SUBJECT: Lateness of Requests

1. The reason of this late request is because The Operation SGT was not aware of the process and request RFO's thru the unit.

2. Point of Contact for this memorandum is SFC Jackson, Janet B., at (123) 456-7890 or janet.b.jackson.mil@mail.mil

JAROD J. JEFFERSON
CPT, IN, KAYARNG
Commanding

MEDCOM POC's

Branch Chief - Mr. Eric Hooks - (210) 466-5963 - eric.d.hooks2.civ@mail.mil

Mr. Keith Logan – (210) 466-5965 – keith.l.logan.civ@mail.mil

Ms. Hebron - (210) 466-5964 - barbara.e.hebron.civ@mail.mil

All requests for orders must be submitted to the TEAM group mailbox for immediate processing:

usarmy.jbsa.medcom.mbx.medcom-12301h@mail.mil