

Sample Command Memorandum for Authorization Request

[COMMAND LETTERHEAD]

From: [Command name and mailing address for reply mail]

To: **United Concordia Companies, Inc.**
ADDP Unit – DCM
PO Box 69430
Harrisburg, PA 17106-9430

Signed copy may also be emailed to addpcm@ucci.com

Subj: **REQUEST FOR AUTHORIZATION OF CIVILIAN DENTAL CARE**
ICO [NAME, RANK, SERVICE, AND SSN OF SERVICE MEMBER].

Encl: (1) **Copy of civilian dental treatment plan**
(2) **Dental x-rays and/or photographs**
(3) **Copy of dental record (SF 603's)** [Only if the records are current (less than one year) or applicable to the request. Do not send old records.]

1. **Authorization is requested for civilian dental care indicated by enclosures (1- 3). We understand that any authorization is for this request only, and may not apply if the information provided changes.**
2. **This service member is on Active Duty (or other DEERS eligible status). The following information is provided:**
 - a. **Total estimated cost of this treatment:**
 - b. **Date of last military dental exam:**
 - c. **Service member's duty location and work phone number:**
 - d. **Date assigned to a GSU (Geographically Separated Unit):**
 - e. **Projected Rotation Date:**
 - f. **Expiration of obligated service:**
 - g. **The nearest Federal / Military Dental Treatment Facility (DTF):** [Name and distance – Include VA medical center with dental sharing agreement, if known]
3. **My point of contact is:** [Name, Rank, Telephone number of Command's Medical Representative, HBA, or Other knowledgeable person]

[Signed by Commander or Designated Representative]