

MEDCON PACKAGE CHECKLIST

(Initial and Extension Requests)

This checklist is provided as an optional tool to assist service members in completing a MEDCON application package.

NOTE: Deviations from this checklist or any of the requirements listed WILL cause delays in processing your application.

Service Member Rank/Name _____

Last 4 SSN: _____

Date: _____

INITIALS	MEMBER/MEDICAL PERSONNEL ACTIONS:
	1. Review the MEDCON Info on the myPers site located at https://gum-crm.csd.disa.mil/app/answers/detail/a_id/22982
	2. Meet with Medical POC to receive brief on MEDCON process & obtain required documentation/guidelines
	3. Submit packages to the ARC CMD Org Box @ afpc.dpfam@us.af.mil via the myPers website *Cannot be above 9MG
	4. Prepare email with application as FOUO and list the subject line as "MEDCON Request – Initial" **Only submit packages as FOUO
	5. Ensure ETS is beyond MEDCON requesting period
	6. Ensure member is aware of requirement to perform military duties IAW 469 limitations and notes Per Diem entitlement on the LOA
	7. Ensure Line of Duty(s) matches timeframe of qualifying order and/or duty status
	8. Forward any AF Form 988 Approved Leave Request (Convalescence, Regular & Emergency)
	PACKAGE CONTENTS: (All attachments must be saved as separate PDF files and tabbed out separately)
	Atch 1 – ARC-CMD Letter of Acknowledgment (Service Member Last Name, First Name)
	Read/sign ***ALL ITEMS ARE REQUIRED TO BE FILLED OUT **Exception IMA Section is only for IMA personnel**
	All signature blocks required
	Use current version from MyPers website (Forms update quarterly)
	Atch 2 – Medical Disclosure Authorization (Service Member Last Name, First Name)
	Signed 2870 required for ARC-CMD to release patient information
	Signed 2870 required for EACH civilian provider to release patient information
	Atch 3 – Medical Treatment Document(s) (Service Member Last Name, First Name)
	Ensure you have medical documents that briefly describe the main medical issue(s) for applicable LOD conditions
	Documents/plan should have an annotated listing of both overall goals and the interim goals of any therapy
	Documents/plan should provide a short list of techniques that will be used to achieve the goals, a schedule of procedures and appointments designed to restore, step by step, a patient's health
	Documents/plan should have a brief estimate of the length of time and/or number of sessions needed
	*All Civilian/Military/VA Provider Notes within the last 30 days of application MUST be included. This may include: Physician A&P (assessment, treatment plan & prognosis), ancillary treatment (such as PT), Diagnostics (X-rays, MRI, CT scans & labs etc) & all scheduled/pending appointments. This does include AHLTA Notes, Handwritten notes & SF 600's
	Note: See Medical Treatment Plan area listed for suggestions on an appropriate plan
	Atch 4 – AF Form 469 Profile (Service Member Last Name, First Name)
	Mobility restrictions box must be checked
	Ensure form has a release date through the duration of the MEDCON request: Release date: _____
	Must be signed by profile officer (Working copy not accepted)
	Atch 5 – Orders (Service Member Last Name, First Name)
	Orders related to LOD that cover period during which injury, illness or disease was incurred/aggravated **OR Form 40A/UTAPS printout with Unit certifying official sig **OR NGB Fm 633 (for guard mbrs only) *Include all
	modifications, that the member was on at the time of ILOD injury/illness
	CED orders ** Required if member was deployed during time of injury/illness)
	PreMEDCON orders **Required if SM's orders were extended for 30 days IAW AFI 36-2910 para 5.4
	All orders must be legible and no DRAFT copies accepted
	Atch 6 - LOD (Service Member Last Name, First Name)
	Finalized LOD Determination is on accurate form & includes a diagnosis *AFRC IMT 348 (AFR Members)/AF Form 348 (ANG Members)
	Note: Interim LOD ("working" LOD) is accepted for "Initial" Medical Continuation Requests which have NO break in service, IAW AFI 36-2910 para 5.5.2.
	Atch 7 - Ten Day Late Letter Template- If applicable (Service Member Last Name, First Name)
	Required when package is not submitted within 10 business days PRIOR to start of MEDCON orders
	Atch 8 - 30 day Untimely Letter Template- If applicable (Service Member Last Name, First Name)
	A letter signed by the wing commander for MEDCON requests that have not been identified within 30 days of when the injury or illness was incurred. IAW AFI 36-2910, para 5.5.1.9
	M4S INFO (TITLE 10 MPA ORDERS ONLY)
	Complete system request *Ensure requested orders start date is correct; (Fill in either M4S submit # or task # as applicable: _____)
	EXTENSION REQUESTS ONLY:
	All Extension requests will be sent to the ARC CMD Region Case Management Team (CMT) and to afpc.dpfam@us.af.mil
	Meet with medical POC; turn in updated medical treatment plan (w/in the last 30 days) NLT 15 days prior to current order expiration Note: See Medical Treatment Plan area listed for suggestions on an appropriate plan
	Provide all updated medical documents pertaining to extension requests AT ONE TIME to your assigned CMT and afpc.dpfam@us.af.mil NLT 10 days prior to current order expiration (ensure this includes NEW updated profiles, & LODs)
	Ensure ETS is beyond MEDCON extension request period