

INCLUDES CHANGE 1

KANSAS NATIONAL GUARD SOP
No. 40-3 (ARMY)

*KS SOP 40-3

State of Kansas, Military Division
The Adjutant General's Department
Topeka, Kansas, 26 July 1991

ADMINISTRATIVE PROCEDURES
MEDICAL CARE - DISEASE/INJURY

THIS SOP PRESCRIBES THE REQUIREMENTS FOR MEDICAL CARE FOR ALL PERSONNEL OF THE KS ARNG AND CONTAINS SUPPLEMENTAL INSTRUCTIONS TO CURRENT ARMY AND NATIONAL GUARD REGULATIONS. PROCEDURES CONCERNING CARE IN ACTIVE DUTY - STATE STATUS IS INCLUDED.

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*This SOP supersedes KNGR 40-3 dated 23 Oct 87.

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SECTION I

GENERAL

1-1. References.

- a. KS SOP 40-562.
- b. KS SOP 600-3.
- c. NGR 37-108.
- d. NGR 40-3.

e. Chapter 48-Section 261, Military and Civil Defense Laws of the State of Kansas.

1-2. General. This standard operating procedure amplifies provisions of referenced regulations incident to medical care by civilian/military agencies. It provides for essential reporting requirements and provides such instructions as are necessary to obtain payment.

SECTION II

MEDICAL CARE--DISEASE/INJURY

2-1. Authorized Benefits.

a. Medical benefits are authorized for disease and injury sustained during or while traveling to and from training periods under sections 502 (Armory Drill), 503 (Annual Training), 504 (NG Schools and Small Arms Competition) or 505 (Service Schools), of Title 32 USC. Such training includes inactive duty training, annual field training, supplemental exercises, gunnery meets and attendance at service schools. Medical and dental care is authorized for injuries incurred or aggravated while traveling to and from Inactive Duty Training, but not incapacitation pay. Medical care benefits are dependent upon the result of line of duty determination.

b. Unit commanders will inform all members of their respective commands of their individual responsibility to promptly report any occurrence of disease or injury while in a training status. Failure to do so may result in loss of medical benefits to which an individual may be entitled. The provisions of paragraph 8a, NGR 40-3 will be brought to the attention of all personnel.

c. Eligibility for incapacitation pay will be determined by guidance contained in the Unit Leader's Guide to Incapacitation Pay and Benefits, published by the National Guard Bureau, February 1990 and AR 135-381. Forms required are AGO Kan Form 37, AGO Kan Form 39, AGKS Form 52, AGKS Form 53, AGKS Form 54, AGKS Form 55, AGO Kan Form 70.1 and AGO Kan Form 70.2, as applicable.

c. Repair and/or replacement of personally-owned prosthetic devices, spectacles, etc. is authorized at normal and reasonable cost. A letter of circumstances signed by the unit commander will be submitted with Standard Form 1034 to affect payment.

2-2. Specific Procedures.

a. The following specific procedures for obtaining medical care for members of the Army National Guard will be adhered to by all organizations:

- (1) During Inactive Duty Training.
 - (a) Federal facilities will be used if available.

(b) Emergency medical care may be obtained from civilian physicians/facilities if Federal facilities are not available. Payment of medical bills is dependent upon whether individual was performing military duties in the prescribed manner and an approved Line of Duty Investigation is received. Unit commanders may authorize emergency medical care for individuals injured while in an authorized duty status. In each case where emergency medical care is authorized, AGKS-DOP-M will be advised within 72 hours from date of injury, using format as indicated in Annex B to this SOP.

(c) If an Army or other Federal medical treatment center is used, a written authorization from unit commander is required (Reference Annex A to this SOP).

(d) All cases of hospitalization beyond the training period will be reported to AGKS-DOP-M within 72 hours (Reference Annex B to this SOP).

(e) Release of patients from a hospital status extending beyond a training period will be reported to AGKS-DOP-M within 72 hours (Reference Annex C to this SOP).

(2) While Enroute to and from Training.

(a) Federal facilities will be used if available, otherwise civilian medical facilities may be utilized (Reference Annex A to this SOP).

(b) If emergency civilian medical care is required due to unavailability of a Federal facility, a letter advising of same will be forwarded to AGKS-DOP-M within 72 hours (Reference Annex B to this SOP).

(c) The provisions of paragraphs 2-2a(1)(d) and (e) above apply if hospitalization extends beyond the end of the training period.

(3) At Annual Training Site.

(a) No letter of authorization or notification of utilization of civilian facilities is required at State Camps where no Army or other Federal hospital is located. Arrangements for hospitalization will be made by the STARC representative for Kansas and all concerned will be advised of these arrangements.

(b) At camps where Army hospitals are available, letters of authorization (Annex A to this SOP) are required in

advance of hospitalization except in emergencies. In an emergency the letter will be furnished as soon as practicable.

(c) Provisions of paragraphs 2-2a(1)(d) and (e) above apply if hospitalization extends beyond the end of the training period.

(4) After End of Training Period or Further Treatment.

(a) Treatment already started may be continued after end of training period. Provisions of paragraphs 2-2a(d)(d) and (e) above apply.

(b) Treatment initiated after the end of the training period must be authorized in advance by Chief, National Guard Bureau except in emergencies. If emergency treatment is required, advise AGKS-DOP-M by telephone of situation, provide all information required by Annex B to this SOP. Immediately confirm the requirement by sending letter request (Reference Annex D to this SOP) direct to AGKS-DOP-M.

(c) If initial authorized treatment is discontinued, an authorization will be required before renewing treatment (Reference Annex D to this SOP). Telephone calls to AGKS-DOP-M may be made dependent upon the urgency of the situation. Letter confirmation is required (Reference Annex D to this SOP).

b. An appropriate letter from the commander (Annex E or F) will be sent to the individual to make certain that the individual concerned understands entitlements to medical benefits. AGKS-DOP-M will be furnished with a copy of the appropriate letter with AGO Kan Form 70.

SECTION III

MEDICAL CARE (ACTIVE DUTY--STATE)

3-1. Authorized Benefits.

a. Medical benefits are authorized for all personnel injured who contract a disease or illness, in line of duty, while in the service of the State. Service of the State is interpreted as, active duty - State, in performance of duties as described in the Military and Civil Defense Laws of the State of Kansas, Chapter 48, Section 261. Medical care benefits are dependent upon the result of Line of Duty determinations.

b. Chapter 48 of Section 261 of the Military and Civil Defense Laws of the State of Kansas are considered concise and clear concerning entitlement to medical benefits.

3-2. Procedures: State Active Duty.

a. Any and all civilian doctors and facilities may be utilized as required. Army, Navy, Veterans' Administration and other Federal facilities will not be utilized, unless due to an extreme emergency no other course of action is possible, or the transportation of a soldier a greater distance to a civilian facility would endanger his/her life.

b. AGKS-DOP-M will be advised of the utilization of medical care in accordance with instructions, by completing a letter report, in format as described in Annex G to this SOP. AGO Kan Form 70 will be prepared and forwarded as prescribed in KS SOP 600-3 and will accompany notification of use of emergency medical care letter to AGKS-DOP-M.

SECTION IV

FUNDS FOR PHYSICAL EXAMINATIONS IN
CIVILIAN MEDICAL FACILITIES

4-1. General Conditions. Physical examinations (see paragraphs 4-1a, b, c, and d, for definitions) will be accomplished at Armed Forces installations, other Federal agencies, or by National Guard or Reserve Medical Officers on a nonreimbursable basis. If those facilities are not available, then civilian doctors may be used on a reimbursable basis. Costs of the examination will not exceed those allowances that have been submitted in writing to AGKS-DOP-M by each unit commander. Every effort will be made to obtain physical examinations at cost less than the established maximums. The format set forth in Annex K will be used to establish maximum costs authorized for examinations. A new form will be submitted to establish maximums only when costs are adjusted by the civilian facility.

a. Officer/Warrant Officer Physical Examinations. Prior to obtaining civilian medical examination at Government expense for officer/warrant officer personnel, approval will be obtained in writing from AGKS-DOP-M; otherwise, the soldier will be required to pay for the examination.

b. Initial Physical Examinations. Those medical examinations of ARNG enlisted soldiers upon initial enlistment in the Army National Guard, including prior service personnel, will be accomplished at MEPS or other Federal facilities. Civilian sources will not be used.

c. Weight Control Evaluations. If Federal facilities are not available, current regulations permit evaluation by a civilian physician at government expenses on a one-time basis. Units will request written authorization from AGKS-DOP-M prior to obtaining evaluation from civilian sources. Request will include cost estimate.

d. Other Physical Examinations. Those periodic and other medical examinations of ARNG enlisted soldiers, including quadrennial examinations, medical examinations required for promotion, attendance at schools, and other special examinations.

4-2. Payment Procedures.

a. Federal funds are obligated at the time a physical examination is given in a civilian medical facility. The unit commander or his representative authorizing the examination incurs this obligation. Medical care funds are extremely

limited and unless strict control is employed, an overobligation can occur. Physical examination at Civilian facilities must not be accomplished during September of each year to assure all DA Forms 3904 are submitted prior to 30 September.

b. Unit representatives making arrangements for physical examinations of enlisted soldiers will advise physicians of payment procedures and that costs of the examinations do not exceed maximum allowances.

c. Each time a soldier or group of soldiers are to report to a medical facility for physical examinations for which reimbursement will be required, the following actions will be accomplished:

(1) Prepare DA Form 3904 as depicted in Annex H, this SOP. Example is self-explanatory except for the following:

(a) DA Form 3904 is a five-copy form; however, more copies are required. This will be accomplished by separating a second set of forms so that it will be made out in seven (7) copies. One copy will be retained by the reporting unit preparing the form. The DA Form 3904 will then be forwarded to arrive at AGKS-DOP-M in six (6) copies.

(b) A control number consisting of 8 digits will be assigned by each unit. The first digit will be "X" followed by the unit payroll number. The next number will be the fiscal year ("1" for period 1 October 1990 through 30 September 1991). The last three numbers will reflect consecutive numbers starting with number one (001) for each year. The control number will be typed in the Bureau Voucher Number block of the DA Form 3904. Example: Control Number M3001001 would be the first voucher prepared for physical examinations accomplished after 1 October 1990 by payroll unit 300.

(c) Number of copies and assignment of control numbers applies to Standard Form 1034 which is discussed in the following paragraphs.

(2) The soldier (in the case of multiple examinations, one of the examinees should be designated as responsible) will hand carry the DA Form(s) to the medical facility(ies). Upon completion of the examination(s), signature of the doctor or his authorized representative (i.e., bookkeeper, office clerk, technician, etc.) is to be obtained on the form. Examinees are to be instructed to return the form(s) to the unit clerk upon completion of the examination.

* (3) The unit commander will then sign the form, attach it to a completed DA Form 200 and immediately forward, through command channels, to AGKS-DOP-M for payment to arrive not later than 12 days after date of examination. (Signature must be in ink. Facsimile signatures are not acceptable.) In the absence of the unit commander, his representative may sign the form. The representative is to be a commissioned officer; however, if none are available, the unit clerk may sign for the commander.

* (4) Unit commanders will maintain locally devised registers to ensure timely payment of all bills and to provide an audit trail. The register will include as a minimum: voucher number, payee, total amount of voucher and date voucher forwarded to AGKS-DOP-M.

(5) Under the prompt payment act, payment of physical examinations will be thirty (30) calendar days from receipt of DA Form 3904 in AGKS-DOP-M.

*4-3. Allocation of Funds. At the beginning of each quarter, AGKS-DOP-M will publish a memorandum authorizing funds for physical examinations to battalion and higher headquarters. These funds may be utilized for periodic physical examinations or panographic x-rays.

*4-4. Technician Eye Examinations. Accomplishment and payment of eye examinations for technician personnel will be in accordance with instructions published in KS SOP 385-10. Medical voucher numbers will not be utilized for this purpose.

SECTION V

FUNDS FOR MEDICAL CARE BY CIVILIAN AGENCIES

5-1. Nonemergency Medical Care.

a. A soldier desiring medical care in a civilian medical facility at Government expense is not authorized such care without written signed authorization by Chief, National Guard Bureau, (reference Section II, this SOP) except in an emergency.

b. After written authorization has been received from the National Guard Bureau and provided funds allocated to AGKS-DOP-M are sufficient to cover estimated cost of the medical care, soldier may be admitted.

5-2. Emergency Medical Care. If a soldier is injured in line of duty at Armory Drill, Annual Training, ADSW or AGR and an emergency situation exists for immediate hospitalization and no Federal facility is available, a civilian agency may be utilized. In such cases the patient will be moved to a government hospital as soon as such movement can be accomplished.

5-3. Payment Procedure.

a. Before any voucher covering payment to a civilian agency or doctor may be processed for payment, an approved line of duty determination must be accomplished with exception of treatment received during Annual Training, ADSW or AGR. Public Vouchers covering treatment furnished by civilian concerns will be prepared and forwarded for payment at the earliest date regardless of line of duty status.

b. All statements from civilian hospitals or doctors covering services furnished soldiers of the Kansas Army National Guard who incur injury or disease in line of duty under circumstances enumerated in NGR 40-3, paragraph 3-2, will be itemized on public voucher, Standard Form 1034, completed by the unit and forwarded to AGKS-DOP-M for approval and placing in line for payment. Procedures to be followed are as follows:

(1) Upon being furnished copy of statement for services rendered by the civilian agency, but not later than 7 days after receipt, the unit will itemize the services on Standard Form 1034, Public Voucher. Original + 5 copies of statement for services rendered will be attached to Standard Form 1034.

(2) After certification by the unit commander, voucher will be forwarded through channels to AGKS-DOP-M for approval and processing for payment. Signatures will be accomplished in ink.

(3) There is set out in Annex I a model form to be used as a guide in preparing Standard Form 1034 under these circumstances. The next unused control number will be reflected in the Schedule No. block. (See paragraph 4-2c(1) above for number of copies and control numbers.)

c. Prior to payment for cases of emergency when the total cost of treatment is \$2,500 or more and for cases of normal care when the total cost of treatment is \$250.00 or more, Standard Form 1034 will be forwarded by AGKS-DOP-M to the National Guard Bureau for approval. Medical facilities involved will be advised that payment may take up to 90 days from date of receipt in AGKS-DOP-M.

d. Under the Prompt Payment Act, payment of Medical Care will be thirty-seven (37) calendar days from receipt of Standard Form 1034 in AGKS-DOP-M, or thirty (30) days from date Standard Form 1034 is approved by National Guard Bureau.

SECTION VI

VOUCHERS COVERING REIMBURSEMENT TO SOLDIERS
WHO PAY FOR HOSPITALIZATION OR
MEDICAL CARE FROM PERSONAL FUNDS

6-1. Application. Circumstances and procedures outlined in Section V of this SOP also apply to this Section. The only exception being that the civilian doctor or hospital refuses to extend medical care on a credit basis and demands payment therefore from the soldier being treated.

6-2. Procedure. The following procedures will be used by soldiers in the Kansas Army National Guard who find it necessary to pay for their medical treatment from personal funds:

a. Reimbursement to the soldier will be effected on Standard Form 1034 and will be prepared as described in Annex J of this SOP. Payee block will indicate soldier, name, and address. The next unused control number will be reflected in the "Voucher No." block. (See paragraph 4-2c(1) for number of copies and control number.)

b. Standard Form 1034 must be supported by statement of services rendered and a receipt showing payment for the services rendered.

c. Under the Prompt Payment Act, reimbursement to the soldier will be thirty-seven (37) calendar days from receipt of Standard Form 1034 in AGKS-DOP-M.

SECTION VII

REIMBURSEMENT FOR IMMUNIZATION

7-1. Responsibility. The Commanding Officer of each separate federally recognized unit is responsible for assuring that all military personnel under his command have been properly immunized and reimmunized in accordance with KS SOP 40-562 and for the maintenance of appropriate records.

7-2. Selection of Physician/Medical Officer. Medical Officers, in those instances where Medical Officers are assigned and available, will be utilized to the maximum extent possible. Civilian practitioners may be utilized in the absence of a Medical Officer. All immunizations must be supervised by a civilian or military member of the medical department as prescribed in AR 40-562, paragraph 7. County Health Officials may be contacted for possible assistance.

7-3. Payment Procedure. Civilian practitioners will be reimbursed from Federal funds by utilizing the following procedures:

a. Unit will contract with civilian practitioner at a maximum fee of \$2.00 for each immunization shot or vaccination administered. If it is not possible to accomplish for this amount, contact AGKS-DOP-M for advice.

b. Payment will be accomplished by the unit completing Standard Form 1034 as per example listed in Annex L.

c. Standard Form 1034 for immunization will be treated as other public vouchers in that they will be assigned a control number. In addition, units will be required to complete State Form 505 and attach same to the Standard Form 1034. A copy of statement of services rendered will also be attached.

d. Under the Prompt Payment Act, payment of immunizations will be thirty (30) calendar days from receipt of Standard Form 1034 in AGKS-DOP-M.

7-4. Requisition of Vaccine. Local purchase of vaccine is not authorized. Units will request vaccine in accordance with KS SOP 40-562.

SECTION VIII

CIVILIAN MEDICAL CARE FOR AGR

8-1. Conditions. Medical treatment will be obtained in the following treatment facilities in the priority listed:

- a. Military Facilities.
- b. Other Federal Facilities.
- c. Civilian Facilities.

8-2. Elective Medical Care. Elective medical care in civilian treatment facilities is not authorized.

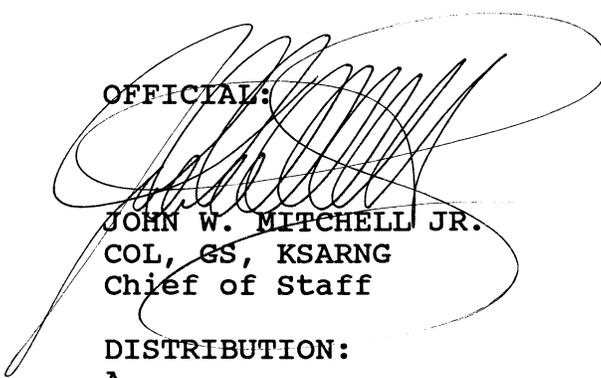
8-3. Utilization of Civilian Facilities. Determination for the use of civilian facilities will be made by AGKS-SPMO. To obtain authorization for use of civilian facilities, telephone AGKS-SPMO at DSN 720-8157 or Cml 913/266-1157.

8-4. Dental Care. The provisions of AR 40-3, Chapters 10 through 12, will be strictly complied with as it pertains to dental care.

8-5. Changes. Changes to this SOP should be sent to Office of the Adjutant General of Kansas ATTN: AGKS-DOP-M, PO Box C-300, Topeka, KS 66601-0300.

FOR THE ADJUTANT GENERAL:

OFFICIAL:



JOHN W. MITCHELL JR.
COL, GS, KSARNG
Chief of Staff

JAMES F. RUEGER
Major General, KSARNG
The Adjutant General

DISTRIBUTION:

A

(FORMAT)

(UNIT DESIGNATION)

(Date)

MEMORANDUM FOR

SUBJECT: Authorization for Medical Care

1. Pursuant to NGR 40-3, paragraph 8c(1)(b), authority is granted for the administration of necessary medical care, including hospitalization, to the following member of the Kansas Army National Guard: (Name, Grade, SSN, Organization, Home Station).

2. Patient incurred (disease) (injury) at (training station or location) while on (active duty training, 503, Title 32 USC) (inactive duty training, 502, Title 32 USC). Inclusive dates of training period (were) (are) (dates and times).

3. The (disease) (injury) occurred on (date) and diagnosis is:

4. Line of Duty status: (In Line of Duty) (Not in Line of Duty) (Line of Duty Status Undetermined--Being Investigated).

5. Patient is authorized medical care under provisions of NGR 40-3, paragraph 6.

6. (Brief and complete summary of events leading up to and surrounding the incurrence of injury or disease).

MILTON F. HUTCHINSON
CPT, AGC, KSARNG
Commanding

CF:
AGKS-DOP-M

NOTE: This letter will accompany patient to hospital, if possible, otherwise will be submitted to Army or other Federal Medical Facility Commander as soon as practicable.

26 July 1991

(FORMAT)

(UNIT DESIGNATION)

(Date)

MEMORANDUM FOR The Adjutant General's Department, Military
Division, ATTN: AGKS-DOP-M, P.O. Box C-300,
Topeka, KS 66601

SUBJECT: Return to Duty from Hospitalization/Disability

1. In accordance with NGR 40-3, paragraph 10, notification is hereby provided that (Name, Rank and SSN) has been returned to duty status after release from hospital/disability.

2. Subject soldier was hospitalized/disabled from (hour and date) to (hour and date) in (Name and location of hospital or medical doctor) for (injury) (disease) incurred on or about (hours and date) while subject was in (duty status) (nonduty status) (status undetermined but under investigation).

3. At time of release from hospital, subject (was) (was not) directed to report for further medical treatment.

FLOYD P. HART
CPT, MP, KSARNG
Commanding

26 July 1991

(FORMAT)

(UNIT DESIGNATION)

(Date)

MEMORANDUM FOR

SUBJECT: Request for Further Hospitalization or Home Treatment

1. Pursuant to NGR 40-3, paragraph 8d, request authorization for (renewed treatment) (further hospitalization) for (Name, Grade and SSN) a soldier of this Command, by (Name and Address of Doctor) or (name and location of hospital).
2. Soldier incurred (disease) (injury) at (training station or location) while on (active duty training 503 Title 32 USC) (inactive duty training 502 Title 32 USC). Inclusive dates of training were (times and dates).
3. The (disease) (injury) occurred on (date). The present diagnosis is (brief diagnosis, using specific medical terms).
4. Line of duty status: (In line of duty) (Not in line of duty) (Line of duty status undetermined--being investigated).
5. Name of and distance to nearest Federal medical facility:
6. Name and address of medical facilities utilized:
7. Estimated cost and duration of treatment:
8. Soldier is authorized medical care under provisions of NGR 40-3, paragraph 6.
9. (Give brief and complete summary of events leading up to and surrounding the recurrence of the disease or injury).

LLOYD P. DUGGAN
CPT, FA, KSARNG
Commanding

(FORMAT)

(UNIT DESIGNATION)(Date)

MEMORANDUM FOR (Addressed to Individual)

SUBJECT: Letter of Instructions (Injury)

1. This letter concerns your injury received while you were in performance of your duties with the Kansas Army National Guard on (date). The following instructions should be carefully followed by yourself to ensure you receive the medical benefits to which you are entitled.

a. The care received during the training period was considered necessary by me. Care must be provided by licensed or registered professional personnel as defined in AR 40-3, paragraph 17-2. Payment is not authorized by chiropractic, Christian Science or acupuncture services.

b. It should be understood that payment of medical bills is dependent upon whether you were performing your military duties in the prescribed manner. This will be investigated, and the results of this investigation will be furnished you in the near future, through this unit.

c. Once you have been released from treatment or hospitalization for your injury, you are not authorized further medical care without first obtaining permission through me from the Adjutant General's Office. If you need further treatment for this injury immediately, because of some unexpected problem or recurrence, you are to contact me immediately, tell me your doctor's name, advise me of your problem, and I will contact the Adjutant General's Office for approval of additional medical care.

d. Any medical care you obtain with the approval of the Adjutant General's Office of Kansas, will be paid by government funds.

e. If you elect to receive treatment at a time and place not approved by the Adjutant General's Office, the payment for such expense will be your responsibility. Treatment will not necessarily be provided at a time and place most convenient to yourself.

26 July 1991

f. Should hospitalization in an Active Army Hospital be necessary, transportation will be provided by the Kansas Army National Guard.

2. The contents of this letter may not answer all your questions; therefore, any questions you have regarding your medical treatment should be directed to me as soon as possible.

3. It is most important that you fully advise me of any problems that arise, since failure to do so could result in the loss of benefits to which you may otherwise be entitled.

LLOYD P. DUGGAN
CPT, FA, KSARNG
Commanding

CF:
AGKS-DOP-M

26 July 1991

(FORMAT)

(UNIT DESIGNATION)(Date)

MEMORANDUM THRU (Addressed to Individual)

SUBJECT: Letter of Instructions (Disease)

1. This letter concerns the disease that was contracted by you, or became apparent on (date) while you were performing duty with the Kansas Army National Guard. The following information is provided regarding your medical care.

a. If you were in an inactive duty training status when the disease became apparent, you are not entitled to medical care unless the condition was aggravated; therefore, you must assume the responsibility for your care without assistance from the Government.

b. In the event you were at Annual Training when this disease was contracted or became apparent, you are entitled to medical care appropriate for the treatment of disease or until the resulting disability cannot be materially improved by further medical care. Once you have been released from treatment or hospitalization for your disease, you are not authorized further medical care without first obtaining permission through me from the Adjutant General's Office. If you need further treatment for this disease immediately because of some unexpected problem or recurrence, you are to contact me immediately, tell me your doctor's name, advise me of your problem, and I will contact the Adjutant General's Office immediately for approval of additional medical care.

2. It should be understood that payment of medical bills is dependent upon whether you were performing your military duties in the prescribed manner. This will be investigated, and the result of this investigation will be furnished you in the near future, through this unit.

26 July 1991

3, In the event of any questions, you are encouraged to contact me for an explanation of your rights and benefits.

LLOYD P. DUGGAN
CPT, FA, KSARNG
Commanding

CF:
AGKS-DOP-M

26 July 1991

(FORMAT)

(UNIT DESIGNATION)

(Date)

MEMORANDUM FOR Adjutant General's Department, Military Division,
ATTN: AGKS-DOP-M, P.O. Box C-300, Topeka, KS
66601-0300

SUBJECT: Utilization of Emergency Medical Care (Active Duty--
State)

1. Pursuant to Chapter 48, Section 261, Military and Civil Defense Laws of the State of Kansas, Emergency Medical Care was utilized for treatment of the following named soldier: (Name, Grade, SSN, Unit and Home Station).
2. Patient incurred injury or contracted disease while engaged in (Explain activities) at (location), while in an Active Duty --State status.
3. Diagnosis:
4. Type of Care Obtained:
5. Estimated duration of follow-up care:
6. Estimated cost of care and medication:

WILBUR E. PLUMMER
CPT, IN, KSARNG
Commanding

NOTE: This letter will be forwarded to The Adjutant General of Kansas, with an information copy to immediate headquarters, within 72 hours from time of incident.

PUBLIC VOUCHER FOR MEDICAL EXAMINATIONS <small>FOR USE OF THIS FORM, SEE AR 40-3: THE PROPONENT AGENCY IS OTSG.</small>		BUREAU VOUCHER NUMBER X 3005001	D. O. VOUCHER NUMBER (Leave Blank)		
VOUCHER PREPARED AT (Place and date) HHC, 1st Bn, 137th IN PO Box 1971, Wichita, KS 67123-1971 26 Nov 84			PAID BY (For use of paying office)		
THE UNITED STATES, Dr..					
TO (Payee) Dr. Ralph F. Cutem 2193 Repair Place ADDRESS Wichita, KS 67123 (IRS# 48-8888888)					
FOR THE EXAMINATION OF APPLICANTS FOR ENLISTMENT, REGISTRANTS AND OTHER AUTHORIZED PERSONNEL					
AT Wichita, Kansas			DURING THE PERIOD		
FROM 23 Nov 84		TO 26 Nov 84		AS INDICATED BELOW.	
CATEGORY OF PERSONNEL AND TYPE OF SERVICE PERFORMED					
National Guard Personnel			Physical Examinations		
DATE	NUMBER OF EXAMINATIONS	CHARGE	DATE	NUMBER OF EXAMINATIONS	CHARGE
23 Nov 84	*INITIAL PV1 Mary R. Hoops 614-16-0604 (Female)	45.00	23 Nov 84	*PERIODIC SGT Gary R. Cooper 516-07-1642 (Over 40)	40.00
25 Nov 84	PV2 Harry R. Swartz 506-15-7864	30.00			
*Designate those individuals that are female, those that are officers and all those individuals that are over 40 years of age. Examinations for officers must have prior approval of AGO Kansas.					
I CERTIFY THAT THE EXAMINATIONS WERE MADE AS SHOWN AND THAT THE CHARGES DO NOT EXCEED THOSE CUSTOMARY IN THE VICINITY OR AUTHORIZED BY PERTINENT ARMY REGULATIONS.				TOTAL \$115.00	
				<small>(Payee must NOT use this space)</small> DIFFERENCES	
PAYEE <u>Ralph F. Cutem</u>			PER _____		
TITLE <u>Doctor</u>					
THE ABOVE ACCOUNT IS CORRECT. THE SERVICES WERE RENDERED AS STATED. THE EXAMINATIONS WERE REQUIRED BY PERTINENT ARMY REGULATIONS OR OTHER DIRECTIVES AND THE SERVICES COULD NOT BE OBTAINED FROM THE DEPARTMENT OF DEFENSE OR OTHER GOVERNMENT AGENCY (Veterans Administration or Public Health Service) BECAUSE					
NONE AVAILABLE			SIGNATURE <u>Harry C. Allen, CPT, IN, KSARNG S. ARMY</u>		
APPROVED FOR	DATE	PLACE	SIGNATURE		
\$		USPFO FOR KANSAS TOPEKA, KANSAS 66601-2099	DENNIS L. ELLIOTT, COL, NGB USPFO FOR KANSAS U. S. ARMY		
ACCOUNTING CLASSIFICATION (For completion by Administrative Office)					
APPROPRIATION, LIMITATION OR PROJECT SYMBOL		APPROPRIATION TITLE		LIMITATION OR PROJECT AMOUNT	APPROPRIATION AMOUNT
PAID BY CASH		PAID BY CHECK		AMOUNT	
AMOUNT \$ DATE PAID		CHECK NUMBER DATE OF CHECK		\$ (ON TREASURER OF THE UNITED STATES (IN FAVOR OF PAYEE NAMED ABOVE)	
PAYEE			PER		
			TITLE		

Standard Form 1034 Revised January 1980 Department of the Treasury TFRM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. X3005002	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USPFO FOR KANSAS P O Box 2099 Topeka, KS 66601-2099			DATE VOUCHER PREPARED 18 November 1984		SCHEDULE NO. (Leave Blank)		
			CONTRACT NUMBER AND DATE		PAID BY		
PAYEE'S NAME AND ADDRESS Dr. John C. Smart 9th and Main Wichita, KS 67125 (IRS# 48-8888888)				REQUISITION NUMBER AND DATE			
				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER			
Items/Services Auth IAW NGR 40-3			GEORGE B. MARTIN, CPT, IN		KSARNG		
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUANTITY	
						UNIT PRICE COST PER	
SGT James R. Cooper 714-93-2373		8 Nov 84		DIAGNOSIS: Laceration--Left Arm Initial Examination (Wound debriefed, sutured and dressed)		\$30.00	
HHC, 1st Br 137th IN Wichita, KS		18 Nov 84		Routine Visit NOTE: Invoice must be attached, however, when the invoice contains adequate detail to support the voucher, the detail may be omitted from the SF 1034 and the words "Per Detailed Invoice Attached" inserted.		5.00 RENDERED	
(Use continuation sheet(s) if necessary)						TOTAL \$35.00	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$		EXCHANGE RATE = \$1.00		DIFFERENCES	
		BY		TITLE		(Signature or initials)	
		LEAVE THESE BLOCKS BLANK. FOR USE BY CNGB OR DESIG. REP.					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
DENNIS L. ELLIOTT, COL, NGB (Date) (Authorized Certifying Officer) ²				USPFO FOR KANSAS (Title)			
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY			CHECK NUMBER ON (Name of bank)			
	CASH DATE			PAYEE ³			
						PER	
						TITLE	

Previous edition usable

1034-119-06

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1034 Revised January 1980 Department of the Treasury IFORM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. X3005003	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USPFO FOR KANSAS P O Box 2099 Topeka, KS 66601-2099			DATE VOUCHER PREPARED 18 November 1984		SCHEDULE NO. (Leave Blank)		
			CONTRACT NUMBER AND DATE		PAID BY		
REQUISITION NUMBER AND DATE							
PAYEE'S NAME AND ADDRESS James R. Cooper 4938 Countryside Wichita, KS 67123 (IRS# 48-9999999)			DATE INVOICE RECEIVED				
			DISCOUNT TERMS				
			PAYEE'S ACCOUNT NUMBER				
			GOVERNMENT B/L NUMBER				
Items/Services Auth IAW NGR 40-3			GEORGE B. MARTIN, CPT, IN		KSARNG		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT (1)	
				COST	PER		
SGT James R Cooper 714-93-2373	8 Nov 84	DIAGNOSIS: Laceration--Left Arm Initial Examination (Wound debriefed, sutured and dressed)				\$30.00	
HHC, 1st Br 137th IN Wichita, KS	18 Nov 84	Routine Visit NOTE: Invoice must be attached, however, when the invoice contains adequate detail to support the voucher, the detail may be omitted from the SF 1034 and the words "Per Detailed Invoice Attached" inserted.				5.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES				
	BY	\$	\$1.00				
	TITLE	LEAVE THESE BLOCKS BLANK. FOR USE BY CNGB OR DESIG. REP.				Amount verified; correct for	
		(Signature or initials)					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
DENNIS L. ELLIOTT, COL, NGB <i>(Date)</i>			USPFO FOR KANSAS <i>(Authorized Certifying Officer)²</i>		(Title)		
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE ³				
¹ When stated in foreign currency, insert name of currency. ² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER	
						TITLE	

Previous edition usable

1034-119-06

NSN 7540-00-900-2234

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(UNIT DESIGNATION)

(Date)

MEMORANDUM FOR Adjutant General's Department, Military Division,
 ATTN: AGKS-DOP-M, P.O. Box C-300, Topeka, KS
 66601-0300

SUBJECT: Cost of Physical Examination in Local Civilian
 Facilities

The following amounts are submitted for payment to civilian agencies of this community for physical examinations. These amounts are those required in order to complete physical examinations, as required by KS SOP 40-501. It is understood that as far as possible, all physical examinations will be accomplished in non-reimbursable facilities and that civilian facilities will be utilized only as absolutely necessary.

	PERIODIC UNDER 40 (MALE)	PERIODIC UNDER 40 (FEMALE)	PERIODIC OVER 40 (MALE)	PERIODIC OVER 40 (FEMALE)
Physical Exam	\$ _____	\$ _____	\$ _____	\$ _____
Urinalysis	\$ _____	\$ _____	\$ _____	\$ _____
Audiometer	\$ _____	\$ _____	\$ _____	\$ _____
Electrocardiogram (w/interpretation)	\$ NA	\$ NA	\$ _____	\$ _____
Intraocular Tension	\$ NA	\$ NA	\$ _____	\$ _____
Prostatic Exam	\$ NA	\$ NA	\$ _____	\$ NA
Pelvic Exam	\$ NA	\$ _____	\$ NA	\$ _____
Pap Smear	\$ NA	\$ _____	\$ NA	\$ _____
Blood Sugar & Cholesterol	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

(SIGNATURE BLOCK)

Standard Form 1034 Revised January 1980 Department of the Treasury I TFRM 4-2000	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL	VOUCHER NO. X3005004
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USPFO FOR KANSAS P O Box 2099 Topeka, KS 66601-2099	DATE VOUCHER PREPARED 18 November 1984	SCHEDULE NO. (Leave Blank)
PAYEE'S NAME AND ADDRESS Don Jones Clinic P O Box 40 Wichita, KS 67124 (IRS# 48-7777777)		PAID BY
		DATE INVOICE RECEIVED
		DISCOUNT TERMS
		PAYEE'S ACCOUNT NUMBER

Items/Services Auth IAW NGR 40-3	GEORGE B. MARTIN, CPT, IN KSARNG	Comdr
----------------------------------	----------------------------------	-------

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
HHC, 1st Br 137th IN Wichita, KS	10 Nov 84	IMMUNIZATIONS NOTE: Invoice must be attached. State Form 505 must be attached.		2.00	EA	\$32.00
TOTAL						\$32.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY: LEAVE THESE BLOCKS BLANK. FOR USE BY CNGB OR DESIG. REP.	EXCHANGE RATE = \$1.00	DIFFERENCES	
TITLE			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

 (Date)

 DENNIS L. ELLIOTT, COL, NGB
 (Authorized Certifying Officer)²

 USPFO FOR KANSAS
 (Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE ³	

¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1034 Revised January 1980 Department of the Treasury ITRM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. X3001003	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION The Adjutant General of Kansas P O Box C-300 Topeka, KS 66601-0300			DATE VOUCHER PREPARED 28 May 1991		SCHEDULE NO. Leave Blank		
			CONTRACT NUMBER AND DATE		PAID BY		
PAYEE'S NAME AND ADDRESS Dr. John Jones 1000 Smith Street Topeka, KS 66601 (IRS# 48-9999999)		REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED			
		DISCOUNT TERMS					
		PAYEE'S ACCOUNT NUMBER					
		GOVERNMENT B/L NUMBER					
SMPLD EXC TO EXC Items/Svcs Auth IAW NGR 40-3, GEORGE B. MARTIN, CPT, IN, KSARNG, CMDR							
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>	
				COST	PER		
SMITH, Robert J. SP4 000-00-0000		DIAGNOSIS: Sinusitis PER ATTACHED STATEMENT SAMPLE FOR PAYMENT OF MEDICAL STATEMENT Title 10 USC 672(d) Personnel				\$20.00	
HQ STARC KSARNG(-) Topeka, KS ADT Recruiter							
TOTAL						\$20.00	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR		EXCHANGE RATE		DIFFERENCES		
	=		=\$1.00				
	BY ²				Amount verified; correct for		
	TITLE				(Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
_____ <small>(Date)</small>		DENNIS L. ELLIOTT, COL, NGB <small>(Authorized Certifying Officer)²</small>		USPFO FOR KANSAS <small>(Title)</small>			
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE ³				
				PER			
				TITLE			

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NSN 7540-00-900-2234

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Standard Form 1034 Revised January 1980 Department of the Treasury TFRM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. X3001004				
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION The Adjutant General of Kansas P O Box C-300 Topeka, KS 66601-0300				DATE VOUCHER PREPARED 28 May 1991		SCHEDULE NO. Leave Blank				
				CONTRACT NUMBER AND DATE		PAID BY				
				REQUISITION NUMBER AND DATE						
PAYEE'S NAME AND ADDRESS Robert J. Smith SP4 000-00-0000 HQ STARC KSARNG (-) Topeka, KS 66601-0300 (IRS # 48-9999999)				DATE INVOICE RECEIVED		DISCOUNT TERMS				
				PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER				
				SHIPPED PER ITEM TO WEIGHT XXXXXX Items/Svcs Auth IAW NGR 40-3, GEORGE B. MARTIN, CPT, TN KSARNG, CMDR						
				NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY
SMITH, Robert J. SP4 000-00-0000 HQ STARC KSARNG (-) Topeka, KS ADT Recruiter				DIAGNOSIS: Sinusitis PER ATTACHED STATEMENT SAMPLE FOR REIMBURSEMENT CLAIM Title 10 USC 672(d) Personnel					\$20.00	
(Use continuation sheets) if necessary				TOTAL		\$20.00				
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR _____ BY ² _____ TITLE _____		EXCHANGE RATE _____ _____		DIFFERENCES _____ _____ Amount verified; correct for _____ (Signature or initials) _____				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.										
_____ (Date)		DENNIS L. ELLIOTT, COL, NGB (Authorized Certifying Officer) ²				_____ (Title)				
ACCOUNTING CLASSIFICATION										
PAID BY	CHECK NUMBER _____			ON ACCOUNT OF U.S. TREASURY			CHECK NUMBER _____			ON (Name of bank)
	CASH _____			DATE _____			PAYEE ³ _____			
							PER _____			
							TITLE _____			

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