

## AIR FORCE MEDICAL SUFFICIENCY STATEMENT

Date:

MEMORANDUM FOR: DFAS-IN/JFLTBA  
ATTN: Air Force Dependency  
8899 East 56<sup>th</sup> Street  
Indianapolis IN 46249-1200

FROM: Name of USAF Military Treatment Facility (MTF)

SUBJECT: Military Medical Sufficiency Statement (MSS)

1. In accordance with AFI 41-210, TRICARE Operations and Patient Administration (TOPA) Functions, this medical sufficiency statement is being submitted to determine the eligibility for (insert applicant's name and SSN or DoD ID number, and sponsor's name and SSN or DoD ID number).

2. The MTF commander/Designate checks  $\surd$  one of the four statements below as prescribed from AFI 41-210, paragraph 2.41.6:

Approved: Medical sufficiency is established based on the patient's medical condition. This individual is incapable of self-support because of a mental or physical incapacity that has existed on a continuous basis and/or originated before the individual's 21st or 23rd birthday and may be resolved within ( ) years, or will not be resolved in the foreseeable future.

- Patient cannot dress themselves.
- Patient cannot feed themselves.
- Patient cannot cook meals on their own.
- Patient cannot bathe themselves.

Disapproved: The patient's condition is such that it does not establish medical sufficiency.

Disapproved: This individual is incapable of self-support because of a mental or physical incapacity that exists at this time. It is my opinion that this incapacity did not exist before the individual's 21st or 23rd birthday.

No Determination Made: Medical sufficiency of patient's medical condition or supporting documentation is lacking; therefore, no determination of incapacity and dependency can be made at this time. **Note:** If at a later date the dependent meets the eligibility criteria as

listed in AFI 41-210, or if there are other facts for consideration, a new application may be submitted.

3. The attending physician's statement summarizing the patient's incapacitation is filed in the patient's medical record. Should you have any questions or require additional information, please contact the MTF's TOPA office commercially at (xxx) xxx-xxxx.

SIGNATURE BLOCK  
MTF Commander/Designate