



## Medical Sufficiency Letter

A PEATC  
Do You Know  
Factsheet for Virginia's  
Parents

### Parenting

#### Civilian:

*Let's discuss our children's behavior tonight after they go to bed and we can relax.*

#### Military:

*Let's discuss our children's behavior over FaceTime at 0600 your time and 1700 my time, even though I'll be eating dinner and you'll barely be awake.*

Author Unknown



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## Do You Know?

**A Medical Sufficiency Letter is required to have your child declared an Incapacitated Adult**

**A** Medical Sufficiency letter is a formal statement written by the Medical Treatment Facility (MTF) or by a civilian Primary Care Physician with an endorsement with the MTF. A Medical Sufficiency Statement should include:

- ✓ The individuals identifying information – age, date of birth, full name
- ✓ Diagnosis
- ✓ Summary of patients condition
- ✓ Level of incapacitation. Include if permanent or temporary. Provide time period of incapacitation if temporary.
- ✓ Onset of disability; if not at birth, then age the condition was diagnosed.
- ✓ Statement pertaining to individuals ability to self-support
- ✓ Any other statement or information deemed necessary

### Other Considerations

- The Medical Sufficiency Statement is a required document that will accompany your Dependency Application.
- The signature must be within 90 days of submitting your Dependency Application.
- Remember to allow enough time for the Primary Care Manager (PCM) or civilian provider to dictate and complete the letter. MTF's can take up to 3 weeks.
- Review your Medical Sufficiency Statement to ensure that it contains all of the information needed and that it clearly portrays your child's need. Make sure any supporting documentation is included.
- Ensure that the letter has been properly signed and that the date is clear.
- The Medical Sufficiency Statement is essential in the application process for Dependency Determinations, ID cards and other benefit programs.
- Remember to keep the original.

# Sample Medical Sufficiency Letter

## MEDICAL SUFFICIENCY LETTER

Place On Letter Head

OFFICE SYMBOL

MEMORANDUM FOR

SUBJECT: Medical Sufficiency Statement for Name

1. This memorandum is in support of the request for dependency determination for name, sponsor's SSN. After reviewing his/her medical records, it was determined his/her medical condition existed prior to his/her 21st/23rd birthday. The following information is submitted in accordance with service regulatory guidance Army Regulation 40-400, Patient Administration, Air Force Instruction, AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS), Navy and Marine Corps Regulation NAVMEDCOMINST 6320.3B, Coast Guard, U.S. Coast Guard Pay Manual, COMDINST M7220.29 (Series), Chapter 3, etc.:

a. Diagnosis:

b. Brief summary of patient's condition.

c. Describe level of incapacitation. State whether the condition is permanent or temporary. If the condition is temporary, state the incapacitation time period that the condition might be resolved.

d. Onset of condition. If not congenital, at what age was the condition diagnosed?

e. State whether patient is capable of self-support.

2. If additional information is required, contact the medical doctor, or psychiatrist at (name of civilian or military treatment facility).

SINGNATURE BLOCK

Enclosure

## RESOURCES

- ④ Defense Finance & Accountability Service – Military Pay Secondary Dependency Guide
- ④ Service Members Law Center - [http://www.servicemembers-lawcenter.org/Law\\_Review\\_1287.html](http://www.servicemembers-lawcenter.org/Law_Review_1287.html)
- ④ Special Needs Resource Project - [http://www.snrproject.com/Special\\_Needs/Resources/Military/Dependency+Determination](http://www.snrproject.com/Special_Needs/Resources/Military/Dependency+Determination)



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