

**Guidelines for completing the DD Form 2792
Medical Summary For The Exceptional Family Member Program**

**This form is needed for EACH family members enrolling ---
Both children and adults**

Family

1. Enter/print the physician's name(s) or name of hospital on page 1 of 8 in the empty space and sign the Privacy Act Statement at bottom of page.
2. Complete page 2 of 8 and sign at section 6 once you have looked over the medical information entered by the physician. (Spouse may also sign if sponsor is not available.)
3. Complete page 4 of 8 prior to providing to your medical provider. This will assist you and your provider in addressing all of your on-going medical needs. (Which Specialty is required and how frequent?)
4. At the top of each of the following pages (3 – 8) fill in:
Family member's name (patient), sponsor's name, SSN, & the family member prefix – Examples:
Spouse – 30
Child – 01, 02, 03 (descending birth order)

Physician

5. The medical summary DD Form 2792 needs to include any condition and/or medications & treatments the family member has been receiving in at least the last 12 months or previous conditions from which the person is still being seen for follow up –
Example: any type of cancer in the last five years.
6. Ensure the physician includes information about your condition(s) affecting mobility and level of need for care; i.e. --- if you need a wheelchair or other medical equipment, it should be specifically listed as well as any limitations or modifications etc... ***Air Conditioning for medical reasons needs a doctor's letter as well if you will be living in government quarters.**
7. Signatures by the physician are required on pages 5, 6, & 8. The physician may note “does not apply” if pages 6 – 8 do not apply to you. **Do not omit any pages in the packet.**

*** On page 3 ask the physician/office staff to enter the ICD-9 medical coding
for each condition listed in Part A**

MCAS Contact Case Worker: Mrs. Melina Lee at (843) 228-6903 or Email: Melina.lee.ctr@usmc.mil
Fax completed and signed application(s) to: (843) 228-6105

MCRD/ERR PI Contact Case Worker: Mrs. Amy Henry at (843) 228-3843 or Email: amy.henry@usmc.mil
Fax completed and signed application(s) to: (843) 228-3995

For more information, please visit our web site at: www.mccs-sc.com/efmp

Or call toll free: 1-800-826-7503, Opt 3

You can also contact the EFMP Manager: Mr. John Abney at (843) 228-3188 or Email: john.abney@usmc.mil

