



LANDSTUHL
REGIONAL
MEDICAL
CENTER



Welcome

Orientation
Packet



Welcome

Thank you for choosing Landstuhl Regional Medical Center (LRMC) for your healthcare needs. This patient orientation packet is designed to guide you through enrolling, making an initial appointment, tips for the day of appointment, and referral care.

We look forward to your visit!



How to enroll for care at LRMC

Active Duty and dependents who have permanently changed station (PCS) to the area are enrolled in TRICARE Prime and empaneled to a primary care provider, as part of their initial in-processing.

If this was not covered during in processing, or for other members to enroll in TRICARE PRIME at LRMC, complete enrollment form [Attachment 1] and bring to Tricare LRMC bldg. 3744, with orders and amendments. This will enroll you to a LRMC Primary Care provider.

TRICARE PLUS exception to policy (ETP) requestors will receive a welcome letter if accepted and enrolled into the TRICARE PLUS program. Enrollment into TRICARE PLUS will empanel you to a primary care provider at LRMC, but does not provide expanded access to specialty services. Please read the TRICARE PLUS welcome letter and enrollment information for more details.

Location

LRMC Building 3744

Telephone Number(s)

DSN: 590-4830

Commercial: 06371-9464-4830

Hours of operation

M-TH, 0730-1600. Friday 0730-1400.

Closed Federal and German Holidays.



How to make an appointment

After you have been empaneled to a primary care provider, you will be able to make primary care appointments.

There are three options to make a primary care appointment.

ONLINE THROUGH MHS GENESIS PORTAL:

Book directly on-line or request an appointment through secure messaging. Login to the MHS Genesis portal:

<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>

Follow the instruction to directly book an available appointment or message your provider to request an appointment. [Attachment 2].

Message requests should be sent to your primary care manager (PCM). Follow the instructions to find the PCM to whom you are empaneled [Attachment 3]. Please include in the message if this is your first appointment at LRMC.

The portal can be accessed via CAC or DS Login. If you don't have a DS login, follow the instructions to create one [Attachment 4].

Dental appointments are booked directly through the dental clinic by phone:

DSN: 590-6822, Civ: +49 6371 9464 6822



MHS GENESIS PORTAL



BY PHONE

via the Central Appointment Call Center:

DSN: 590-5762, Civ: (+49) 6371 9464 5762.

Hours of operation: M-F 0700-1600. Closed Federal Holidays.

Please alert the scheduler if this is your first appointment at LRMC.

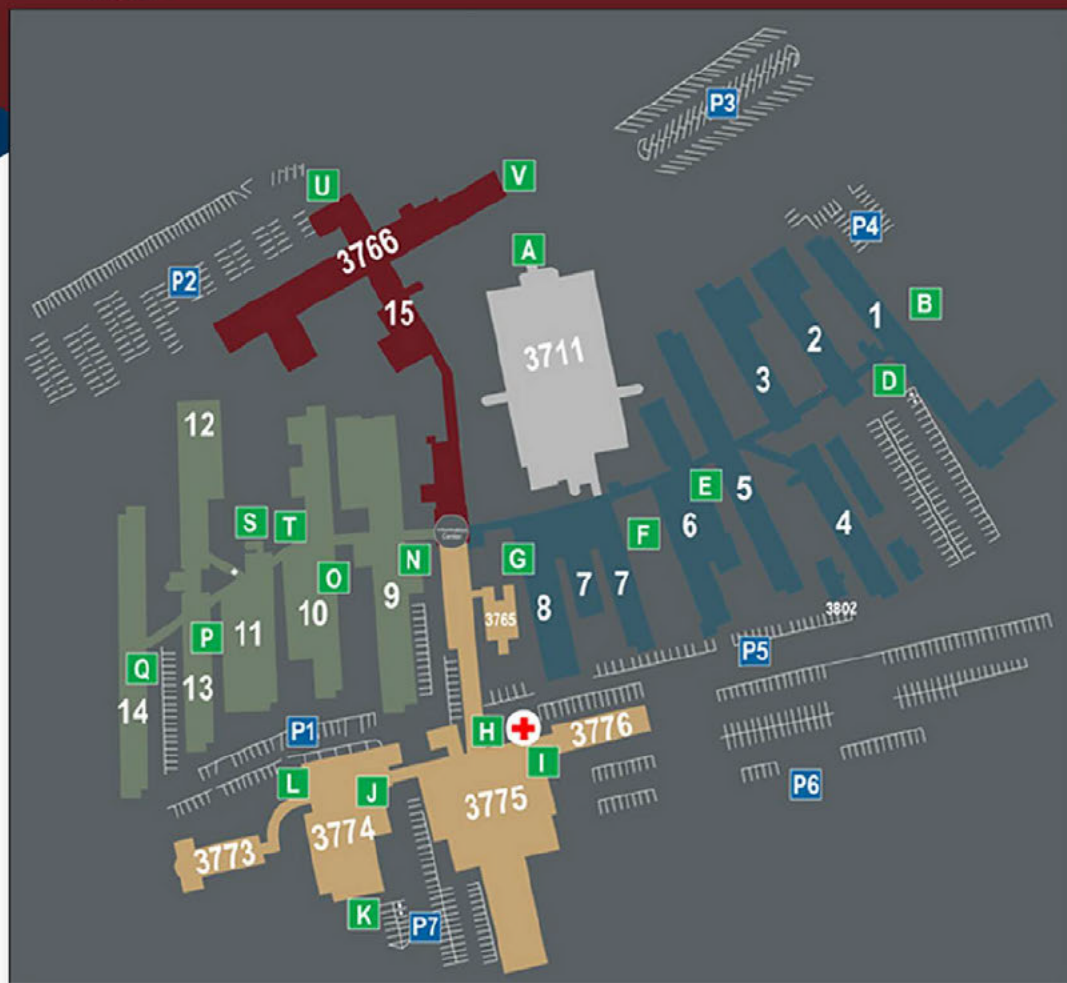
On the Day of your Appointment

Parking at LRMC is limited, please plan time to park and navigate to your appointment prior to your appointment time.

Please arrive to the clinic 15 minutes before your scheduled appointment time.

What to bring to your first appointment:

- Current medication list or current medications (in prescription bottle/container)
- Record of immunizations
- If you've had a break in service, or visited an off-post provider since your last MTF visit, please bring a copy of your recent medical records and any specialty care documents you have.



See attachments for map of LRMC hospital [Attachment 5], Parking [Attachment 6]

THE GPS ADDRESS FOR LRMC IS

“Landstuhl Gate 3”
Dr. Hitzelberger-Strasse
66849, Landstuhl

DIRECTIONS TO LRMC

From Autobahn 6, exit onto Autobahn 62 (direction Pirmasens)
Exit at sign reading US Hospital
Turn left at end of Autobahn exit ramp following sign at Gate 3 and Martinshöhe
Turn right following sign to Gate 3 & US Hospital
Turn right onto Dr. Hitzelberger Strasse
Continue straight until you reach Gate 3



Specialty Referral follow-up

If your Landstuhl provider places a referral, contact Central Appointment Call Center (DSN: 590-5762, Civ: +49 6371 9464 5762) to book Landstuhl specialty care. Please allow one business day between your provider placing a referral and calling the call center to book. To see what specialty care services may be available at LRMCC, based on your beneficiary status, visit LRMCC's Specialty Care Services webpage's monthly availability report found here: Specialty Care (<https://landstuhl.tricare.mil/Getting-Care/Specialty-Care>)

Referrals that are not available at Landstuhl may be deferred to the local Tricare Network

If you are Tricare Prime and your referral is deferred to the local network, you will receive an authorization via email. If you require assistance booking your network referral, please call Tricare International SOS, European Toll Free: 0800-589-1599 or download the MyCare Overseas App for assistance with booking your local network referral. Tricare Prime beneficiaries cannot receive routine network care without a valid authorization.

Tricare Select beneficiaries with network referral have free choice of provider. For information on how to find a TRICARE network provider see [Attachment 8].

German network providers will speak English, however support staff may not.

FOR TRICARE QUESTIONS, PLEASE EMAIL:

usarmy.landstuhl.medcom-mrc-eur.list.lrmc-tricare@health.mil or in MHS-Genesis Portal, use message pool "USA Landstuhl TRICARE Referral Center."

FOR MEDICAL REPORTS THAT REQUIRE TRANSLATION, PLEASE EMAIL:

usarmy.landstuhl.medcom-mrc-eur.list.lrmc-report-translation@health.mil or in MHS-Genesis Portal, use message pool "USA Landstuhl Medical Report Translation Messaging."

FOR REFERRAL MANAGEMENT QUESTIONS, PLEASE EMAIL:

usarmy.landstuhl.medcom-lrmc.mbx.tricare-referral-management@health.mil or in MHS-Genesis Portal, use message pool "USA Landstuhl Referral Management Center."



Thank You
Selfless Service Since 1953



**TRICARE PRIME ENROLLMENT, DISENROLLMENT, AND
PRIMARY CARE MANAGER (PCM) CHANGE FORM**

OMB No. 0720-0008
OMB approval expires
May 31, 2019

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0720-0008). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS BELOW.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 38 U.S.C. Chapter 17; 32 CFR 199.17; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to enroll, disenroll, or change their provider in TRICARE Prime, TRICARE Prime Remote, or the Uniformed Services Family Health Plan, as requested by the individual.

ROUTINE USE(S): Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the DoD "Blanket Routine Uses" under 5 U.S.C. 552a(b)(3) apply to this collection. A complete listing of the routine uses permitted under 5 U.S.C. 552a(b)(3) is published at <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Collected information may be shared with the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and other Federal, State, local, or foreign government agencies, private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, your failure to provide all the requested information may result in the denial of the request to enroll in, transfer, or terminate your TRICARE Prime health plan coverage.

APPLICATION OPTIONS

(1) ONLINE:

You may request to enroll, disenroll or change your primary care manager (PCM) by logging into the Beneficiary Web Enrollment website at <https://www.dmdc.osd.mil/appj/bwe/>.

(2) TELEPHONE:

You may enroll, disenroll, or change your PCM by calling your Regional Contractor or US Family Health Plan (USFHP) at the toll-free numbers on this page.

(3) ENROLLMENT FORM:

You may also enroll, disenroll, or change your PCM by completing and submitting the form to your Regional Contractor or USFHP at the address or fax number below.

(4) NOTES:

You will be notified of your enrollment or PCM change via email or postcard. You can then log into milConnect at: <https://www.dmdc.osd.mil/milconnect/> to view specific information. For additional information on TRICARE, visit the TRICARE website at www.tricare.mil or the Regional Contractor's website at: www.uhcmilitarywest.com

REGIONAL CONTRACTOR: REGION, ADDRESS, TELEPHONE AND FAX NUMBERS:

Region: Eurasia - Africa

Address: International SOS Assistance, TOP Prime Enrollments, PO Box 11520, Philadelphia PA 19116

Toll-Free Number: 1-877-678-1207 or +44 20-8762-8364

Fax Number:

UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP):

Address: N/A

Toll-Free Number: N/A

Fax Number: N/A

SPONSOR'S SSN/DBN:

TRICARE PRIME OPTION DESIRED:

- TRICARE Prime:** Active duty service members have to enroll in TRICARE Prime. (Enrollment is not automatic.)
- TRICARE Prime Remote:** If eligible, you may be enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.
- TRICARE Overseas Program Prime:** Family members must be command sponsored and meet specific enrollment criteria of the overseas area. If eligible, you may be enrolled in TRICARE Overseas Program Prime Remote. Retirees are not eligible for TRICARE Overseas Program Prime.
- Uniformed Services Family Health Plan (USFHP):** Available in six locations. Submit the completed Enrollment Application to the USFHP address listed on Page 1. For the service area descriptions and telephone numbers for questions, please visit the TRICARE website at www.tricare.mil/usfhp.

SECTION I - SPONSOR INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial) (Must match DEERS)	2. SPONSOR'S SOCIAL SECURITY NUMBER (SSN) (XXX-XX-XXXX) or DoD BENEFITS NUMBER (DBN) (XXXXXXXXXX-XX)
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3. SPONSOR IS: (X one) Active Duty Retired Deceased (Go to Section II.) Unremarried Former Spouse

4. SPONSOR'S TELEPHONE NUMBER (Include Area Code)	5. SPONSOR'S E-MAIL ADDRESS	6. SPONSOR'S DATE OF BIRTH (YYYYMMDD)
a. WORK: c. CELL:		
b. HOME:		

7. SPONSOR'S RESIDENCE ADDRESS (Street, Apartment No., City, State, ZIP Code, Country) New

8. SPONSOR'S MAILING ADDRESS (Provide APO or FPO if stationed overseas) Same as residence New

9. SPONSOR'S MILITARY ASSIGNMENT

a. UNIT	c. STATE, ZIP CODE AND COUNTRY OF WORK ADDRESS
b. UNIT IDENTIFICATION CODE (UIC) (If known)	

10. SPONSOR'S REQUESTED ACTION (X one)

None (go to Section II) Enroll Transfer Enrollment PCM Change Disenroll (Non-AD only)

Effective Date Requested: _____ <--DATE OF ARRIVAL IN GERMANY

11. SPONSOR'S PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and your uniformed service guidelines. Review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member services (non-active duty only) for availability of PCMs.)

a. 1st CHOICE	FULL NAME or MTF/CLINIC
<input type="checkbox"/> MTF <input type="checkbox"/> PRP (ADSM)	
<input type="checkbox"/> Civilian	
b. 2nd CHOICE	FULL NAME or MTF/CLINIC
<input type="checkbox"/> MTF	
<input type="checkbox"/> Civilian	

c. PCM SPECIALTY No Preference Family/General Practice Internal Medicine Flight Medicine

d. PREFERRED PCM GENDER No Preference Male Female

SPONSOR'S SSN/DBN:

NGE (Use additional copies of this page as necessary)

12.a. FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS)	b. DATE OF BIRTH (YYYYMMDD)
--	------------------------------------

c. REQUESTED ACTION: Enroll Transfer Enrollment PCM Change Disenroll Effective Date Requested: _____

d. RESIDENCE AND MAILING ADDRESS
(Provide address, with ZIP Code and Country, if different from Sponsor)

Same as Sponsor New

e. TELEPHONE NUMBER (Include Area Code) (1) WORK: (2) HOME: (3) CELL:	f. E-MAIL ADDRESS
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g. PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)

(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC

h. PCM SPECIALTY No Preference Family/General Practice Internal Medicine Pediatrics Flight Medicine

i. PREFERRED PCM GENDER No Preference Male Female

13.a. FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS)	b. DATE OF BIRTH (YYYYMMDD)
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c. REQUESTED ACTION: Enroll Transfer Enrollment PCM Change Disenroll Effective Date Requested: _____

d. RESIDENCE AND MAILING ADDRESS
(Provide address, with ZIP Code and Country, if different from Sponsor)

Same as Sponsor New

e. TELEPHONE NUMBER (Include Area Code) (1) WORK: (2) HOME: (3) CELL:	f. E-MAIL ADDRESS
---	--------------------------

g. PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)

(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC

h. PCM SPECIALTY No Preference Family/General Practice Internal Medicine Pediatrics Flight Medicine

i. PREFERRED PCM GENDER No Preference Male Female

14.a. FAMILY MEMBER NAME (Last, First, Middle Initial) (Must match DEERS)	b. DATE OF BIRTH (YYYYMMDD)
--	------------------------------------

c. REQUESTED ACTION: Enroll Transfer Enrollment PCM Change Disenroll Effective Date Requested: _____

d. RESIDENCE AND MAILING ADDRESS
(Provide address, with ZIP Code and Country, if different from Sponsor)

Same as Sponsor New

e. TELEPHONE NUMBER (Include Area Code) (1) WORK: (2) HOME: (3) CELL:	f. E-MAIL ADDRESS
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g. PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)

(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC

h. PCM SPECIALTY No Preference Family/General Practice Internal Medicine Pediatrics Flight Medicine

i. PREFERRED PCM GENDER No Preference Male Female

SPONSOR'S SSN/DBN:

SECTION III - REASON FOR DISENROLLMENT OR PCM CHANGE

(Complete if disenrolling or making a PCM change)

Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____

SECTION IV - OTHER HEALTH INSURANCE

PLEASE IDENTIFY IF ANYONE IS CURRENTLY COVERED BY OTHER HEALTH INSURANCE.

TRICARE Supplement *(no other information is needed)*

Medical Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

Dental Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

Vision Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

Prescription Insurance: Person(s) Covered: _____
Policy Holder Name: _____ Carrier Name: _____
Policy Number: _____ Policy Effective Date: _____

SECTION V - ACCESS WAIVER AND SIGNATURE (REQUIRED)

(X if waiving drive time) If my selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

1. SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	2. RELATIONSHIP TO SPONSOR	3. DATE SIGNED (YYYYMMDD)
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ENROLLMENT NOTE: Prime enrollment start dates are based primarily on the 20th of the month rule (applications received on/before the 20th of the month are effective the first calendar day of the next month). You should confirm enrollment and PCM assignment before obtaining routine medical care. (Note: This does not apply to TRICARE Overseas Prime or to active duty service members.)

DISENROLLMENT NOTE: In some cases, you may not be able to re-enroll in TRICARE Prime for a 12-month period from the date of the disenrollment. This one year period does not apply to any family member whose sponsor is in grade E-1 to E-4.

PAYMENT OPTIONS: See Section VI on next page.

MILITARY HEALTH SYSTEM
MHS GENESIS

The Military Health System's new Electronic Health Record

Appointment Steps

Log on to the MHS Genesis Patient Portal

<https://my.mhsgenesis.health.mil>

IMPORTANT INFORMATION!
All Users

IMPORTANT * IMPORTANT * IMPORTANT
You must **LOG OFF** and **CLOSE** your browser when finished. If you do not, you are risking your information being viewable.

ATTENTION MILITARY DEPENDENTS, RETIREES AND DEPENDENTS:
The preferred method to create a DS Logon account is to select "Email Registration" when prompted.

IMPORTANT TIP:
If you experience issues on any of our partner sites, ensure you are using Chrome or Edge, clear your cookies, cache, and close all browser sessions. You may need to allow pop-ups. You can also refer to Need Support? below for more information.

REMINDER:
Don't forget to **LOG OFF** and **CLOSE** your browser.

Dismiss

DS Logon CAC PIV

Username

Current Password

Login

Forgot Username? Forgot Password?

You can also:

Create New Account Activate Account Manage Account Need Support?


Alert

We do not initiate contact with beneficiaries via email or telephone to request private personal (Name, SSN, DOB) or sensitive DS Logon account information (username, password, challenge questions). If you think you provided personal or account information in response to a fraudulent email, website or phone call, be sure to change your password and challenge questions immediately.

Step 1: "Schedule a New Appointment"

MHS GENESIS Patient Portal

Home Health Record Messaging Appointments Clipboards Medications Rx Refills



No appointments scheduled

[Schedule a New Appointment](#)


Questions about your health record? Contact your healthcare team.
Questions about your account? Support is available any time at (800) 600-9332
Please close your internet browser after you sign out. This is to protect your health information & privacy!
[Terms of Use](#) | [Privacy Policy](#) | [Frequently Asked Questions](#)

[TRICARE Online Patient Portal \(retiring 01Oct2024\)](#) | [TRICARE Mail Order Pharmacy](#)

[Interactive Customer Evaluation](#)

Messages Inbox

Unread Messages (0)



No new messages

[Send a Message](#)

Allergies

No Known Allergies

Latest Results

No information recorded

[View Results & Measurements](#)

Step 2: “Who is this appointment for?”

Select the dropdown for the correct patient

Appointments

- View Upcoming Appointments
- View and Join Telehealth Appointments
- Schedule a New Appointment**

Schedule Appointment

Appointment Selections 0%

To begin scheduling your appointment, choose your preferred options. **Search for your PCM by starting to type their name, location, service, or specialty until you find what you are looking for. Select your PCM/Care Team when booking or requesting appointments please.** If you don't see an appointment that meets your needs, choose **Request Appointment (Other) Online** or call your provider's office.

You can find information on your PCM by clicking on the down arrow next to your name at the top right of your dashboard and selecting Patient Information. This information is pulled from DEERS.

Notice: This site should not be used for emergency medical conditions or crisis situations. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service. If you are in crisis or having thoughts of suicide, call the National Crisis Hotline: 1-800-273-8255, option 1. For urgent matters related to an appointment and/or service, please contact your clinic. Your secure message may be shared with or reassigned to other authorized staff. It may take up to 3 business days to receive a response from a member of your health care team.


Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

[View More](#)

*** Who is this appointment for?**

Please select ▼

This field is required.



STEP 3: "Schedule by Provider"

A Provider drop-down will appear

Your PCM will appear as the first option, under the heading "My Providers"

MHS GENESIS Patient Portal

Home Health Record Messaging Appointments Clipboards Medications Rx Refills

Schedule Appointment

* Required questions are marked with an asterisk.

* Let's Get Started With Scheduling an Appointment

Select from the options below.

Schedule an Appointment by Provider

Schedule by Provider
Schedule an appointment with preferred Provider

Provider
Provider

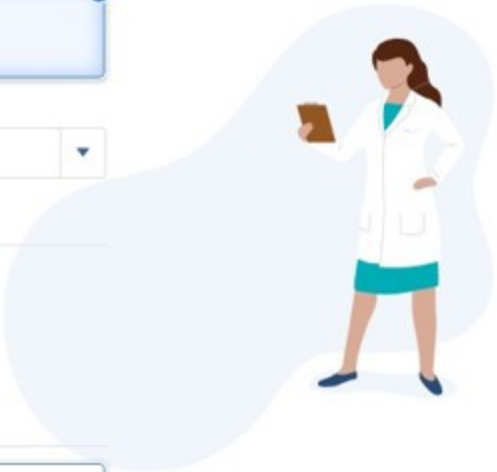
Previously Scheduled Appointment Types

Family Medicine In Person Visit Hearing Conservation Program In Person Visit

Don't see what you're looking for?

View All Appointment Types
See all appointment types available to you.

Cancel Next



Step 4: “Choose a reason for visit”

Select Family Medicine In Person Visit, click “Search”

MHS GENESIS Patient Portal

Home Health Record Messaging **Appointments** Clipboards Medications Rx Refills

Appointments

View Upcoming Appointments

View and Join Telehealth Appointments

Schedule a New Appointment

Schedule Appointment

To begin scheduling your appointment, choose your preferred options. **Search for your PCM by starting to type their name, location, service, or specialty until you find what you are looking for. Select your PCM/Care Team when booking or requesting appointments please.** If you don't see an appointment that meets your needs, choose Request Appointment (Other) Online or call your provider's office.

You can find information on your PCM by clicking on the down arrow next to your name at the top right of your dashboard and selecting Patient Information. This information is pulled from DEERS.

Notice: This site should not be used for emergency medical conditions or crisis situations. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service. If you are in crisis or having thoughts of suicide, call the National Crisis Hotline: 1-800-273-8255, option 1. For urgent matters related to an appointment and/or service, please contact your clinic. Your secure message may be shared with or reassigned to other authorized staff. It may take up to 3 business days to receive a response from a member of your health care team.

Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

[View More](#)

* All fields are required.

* **Choose a reason for your visit**


Family Medicine In Person Visit

Please select

Family Medicine In Person Visit

Step 5: “Choose a location”

Select: Army Medicine Landstuhl Regional Medical Center Family Medicine Clinic, click “Next”


 MHS GENESIS Patient Portal

Appointments

[View Upcoming Appointments](#)

[View and Join Telehealth Appointments](#)

[Schedule a New Appointment](#)



Home Health Record Messaging **Appointments** Clipboards Medications Rx Refills

To begin scheduling your appointment, choose your preferred options. **Search for your PCM by starting to type their name, location, service, or specialty until you find what you are looking for. Select your PCM/Care Team when booking or requesting appointments please.** If you don't see an appointment that meets your needs, choose Request Appointment (Other) Online or call your provider's office.

You can find information on your PCM by clicking on the down arrow next to your name at the top right of your dashboard and selecting Patient Information. This information is pulled from DEERS.

Notice: This site should not be used for emergency medical conditions or crisis situations. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service. If you are in crisis or having thoughts of suicide, call the National Crisis Hotline: 1-800-273-8255, option 1. For urgent matters related to an appointment and/or service, please contact your clinic. Your secure message may be shared with or reassigned to other authorized staff. It may take up to 3 business days to receive a response from a member of your health care team.

Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

[View More](#)

*** Choose a location**

Please select

Please select

Army Medicine Landstuhl Regional Medical Center Family Medicine Clinic

Step 6:

Enter your requested date or scroll down and select from the options listed and click "Select" on your date/time

Appointments


- View Upcoming Appointments
- View and Join Telehealth Appointments
- Schedule a New Appointment**

If you don't see an appointment that meets your needs, choose Request Appointment (Other) Online or call our scheduling office.

Select your Primary Care Physician/Care Team when booking or requesting appointments please. You can confirm your Primary Care Physician/PCM by clicking on the View Patient Information icon at the top of your Dashboard.

Notice: This site should not be used for emergency medical conditions. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service.

Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

Start Date  Apply

Enter date in MM/DD/YYYY format.

[Advanced filters](#)

- Thursday, May 16, 2024
 - 08:40 a.m. CEST Select
 - 10:20 a.m. CEST Select
 - 10:40 a.m. CEST Select
 - 11:00 a.m. CEST Select

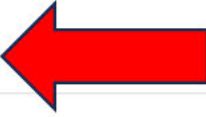
- Wednesday, May 22, 2024
 - 10:00 a.m. CEST Select




Step 7:

Provide the reason for the appointment and the best method for the PCM team to contact patient, click “Schedule Appointment” You will see the details of your appointment displayed and you are now booked!

* Indicates a required field.

* Provide any additional details, including any symptoms, to explain why we are seeing you for this visit. 


Describe any specific requests or special needs you want us to consider in preparation for your visit.

* If follow-up is needed regarding this appointment, how should we contact you? 

By secure MHS GENESIS Patient Portal message

By phone (please provide number)

Send me an email with my appointment details



If none of the available options work for you, follow the directions below to “Request Appointment (Other) Online”

Step 1: Schedule a New Appointment

The screenshot displays the MHS GENESIS Patient Portal interface. At the top, a dark blue navigation bar contains the logo and the text 'MHS GENESIS Patient Portal' on the left, and a series of menu items: 'Home', 'Health Record', 'Messaging', 'Appointments', 'Clipboards', 'Medications', 'Rx Refills', and 'Appointments' (highlighted in yellow). Below the navigation bar is a banner area with three images showing healthcare interactions. To the right of the banner, a calendar icon is followed by the text 'No appointments scheduled' and a blue button labeled 'Schedule a New Appointment'. A red arrow points from the left towards this button. Below the banner, there is a section with text: 'Questions about your health record? Contact your healthcare team.', 'Questions about your account? Support is available any time at (800) 600-9332', and 'Please close your internet browser after you sign out. This is to protect your health information & privacy!'. Below this text are links for 'Terms of Use', 'Privacy Policy', and 'Frequently Asked Questions'. Further down, there are links for 'TRICARE Online Patient Portal (retiring 01Oct2024)', 'TRICARE Mail Order Pharmacy', and 'Interactive Customer Evaluation'. The 'Messages' section shows 'Unread Messages (0)', 'Messages', and 'Inbox' with an envelope icon and the text 'No new messages' and a 'Send a Message' button. On the right side, there are sections for 'Allergies' (No Known Allergies) and 'Latest Results' (No information recorded) with a 'View Results & Measurements' link.

Step 2: “Who is this appointment for?”

Select the dropdown for the correct patient

Appointments

View Upcoming Appointments

View and Join Telehealth
Appointments

Schedule a New Appointment

Schedule Appointment

Appointment Selections

0%

To begin scheduling your appointment, choose your preferred options. **Search for your PCM by starting to type their name, location, service, or specialty until you find what you are looking for. Select your PCM/Care Team when booking or requesting appointments please.** If you don't see an appointment that meets your needs, choose Request Appointment (Other) Online or call your provider's office.

You can find information on your PCM by clicking on the down arrow next to your name at the top right of your dashboard and selecting Patient Information. This information is pulled from DEERS.

Notice: This site should not be used for emergency medical conditions or crisis situations. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service. If you are in crisis or having thoughts of suicide, call the National Crisis Hotline: 1-800-273-8255, option 1. For urgent matters related to an appointment and/or service, please contact your clinic. Your secure message may be shared with or reassigned to other authorized staff. It may take up to 3 business days to receive a response from a member of your health care team.

Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

[View More](#)

* Who is this appointment for?

Please select

This field is required.

Step 3: Select “Visit Reason” then use the drop down menu to select “Request Appointment (Other) Online”. Hit “Search”.

Appointments

View Upcoming Appointments

View and Join Telehealth Appointments

Schedule a New Appointment

Schedule Appointment

Appointment Selections

0%

To begin scheduling your appointment, choose your preferred options. **Search for your PCM by starting to type their name, location, service, or specialty until you find what you are looking for. Select your PCM/Care Team when booking or requesting appointments please.** If you don't see an appointment that meets your needs, choose Request Appointment (Other) Online or call your provider's office.

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Appointment Scheduling using the MHS GENESIS Patient Portal is available. Please contact your clinic with any questions.

[View More](#)

* Who is this appointment for?

Please select

How would you like to begin your search?

Provider Visit Reason



Choose a reason for your visit

Request Appointment (Other) Online

Search

Step 4: Complete the requested information and hit “Send Request”. This sends a message to the PCM team who will review and respond.

View Upcoming Appointments

View and Join Telehealth Appointments

Schedule a New Appointment

Type of appointment

Request Appointment (Other) Online

* Send request to:

Select a recipient

* When would you like to visit?

- First available
 Select a date range

Which day do you prefer?

Sun Mon Tue Wed Thur Fri Sat

What is your preferred time?

Example: Afternoon or 2:00pm

* Why is this appointment needed?

* If follow-up is needed regarding this appointment, how should we contact you?

- By secure message
 By phone (please provide number)

Send request

Step 5: Validate Patient Information

- Under the patient's name in the right upper hand corner select "Patient Information" and ensure that your contact information is completely filled out and accurate.
- If the patient information is incorrect, please contact the DEERS Office <http://www.tricare.mil/DEERS>
- When your PCM team messages you back with appointment details, you should receive an email notification at the email address that was provided in the "Patient Information" section.

MHS GENESIS Patient Portal-PCM Information

The screenshot shows the MHS GENESIS Patient Portal interface. At the top, there is an information banner with a COVID-19 notice and a link to take an e-visit. Below this is a navigation bar with tabs for Home, Health Record, Messaging, Appointments, Clipboards, Medications, and a user profile for Maria Josele McLaren. The main content area is titled "Patient Information" and shows details for "McLaren, Maria Josele Hiquiana". Under "Personal Details", there are fields for Name, Date of Birth (Month, Day, Year), and Address. A "Medical Contacts" section is partially visible at the bottom, showing a Primary Care Physician and a Business phone number.

Patients will need to click on "Name" with "drop down carrot" and then scroll down to the very bottom to see their PCM name under Medical Contacts.

Provides patient demographic information (originated from DEERS). View Only.

This is a close-up of the "Medical Contacts" section. It features a table with two columns: "Primary Care Physician" and "Business phone". The Primary Care Physician field contains the text "B..." followed by a redacted name and "MD". The Business phone field contains "719" followed by a redacted number.

Scroll down to the very bottom of this page to see PCM name under Medical Contacts.

Go to <https://my.mhsgenesis.health.mil>

The preferred method to create a DSL account is to use the email registration function by selecting “Email Registration” when prompted. An email with activation code will be sent to the unique email address on file with instructions. Before using this option, all email addresses for all family members (e.g., sponsor, spouse & children) must be unique and cannot be a duplicate with any family member.

1. Select option

“Create Account”.



2. Select one of the following options that best describes you.



Please select “Email Registration: I have a valid DoD ID card or CAC and a valid unique email address in DEERS”. An email with activation code will be sent to the email address on file with instructions. This will bypass remote proofing methods.

3. Select yes/no whether you want to use the email stored on file to confirm registration.

4. Select the email address you prefer to receive the temporary activation code.

5. Check your email inbox for a message from do-not-reply-dslogon@mail.mil and follow the instructions. If you do not see an email from do-not-reply-dslogon@mail.mil, check your “Spam” or “Junk” folder. The activation code is valid for 7 days.

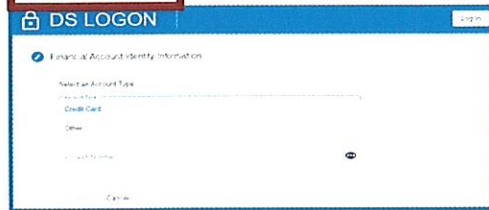
6. User can copy/paste the link in the email or go to “Activate Account”. Do not use “Create New Account”, users will not be prompted to use Activation Code and will need to successfully proof their account.

NOTE: You have successfully created a DSL account.

*** If you select I am a “current or previous service member, spouse, DOD civilian or contractor, you will need to proof your account. See instructions below.***

REMOTE PROOFING METHODS:

First Method



User must select an account type—credit card or other. When selecting credit card, you must enter the last 8-digits. When selecting other account, the user must enter the full account number.

The User must pass a knowledge-based quiz in less than 3 minutes. The system allows 3 attempts to successfully complete the quiz.



Second Method

You will have to upload documents for Identity Verification such as driver’s license, border crossing card, consular ID card, employment authorization card, personal Identification card, passport, passport card, permanent resident card, state department ID card, and veterans affairs ID card.



Take a picture of selected documents and submit for verification. Close page. Click on verification status after waiting 1 minute to monitor status of request.



Upon successful verification, the system will display “verification succeeded”.

Third Method

Knowledge-based Quiz

Document Upload Identity Verification



Data submitted is only used to verify identity at the time of remote proofing.



7. Verify contact information.

Verify Two-Multi Factor Authentication (2FA)

8. User will choose phone number to receive one-time-PIN (OTP) and hit “send authentication code”.

9. Enter OTP.

10. Confirm primary email address and primary phone number to make changes. User can also elect to not view this page for one year.

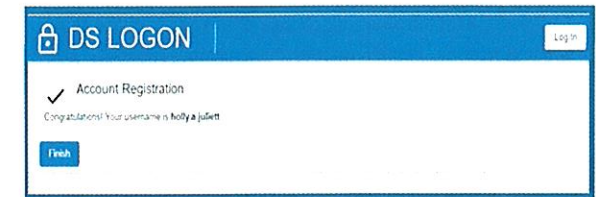


11. Create password.

It must be changed at least every 60 days. It must be between 15 and 128 characters in length. It must contain 1 uppercase letter, 1 lowercase letter, 1 number, 1 special characters, at least 8 characters that are different from previous passwords.

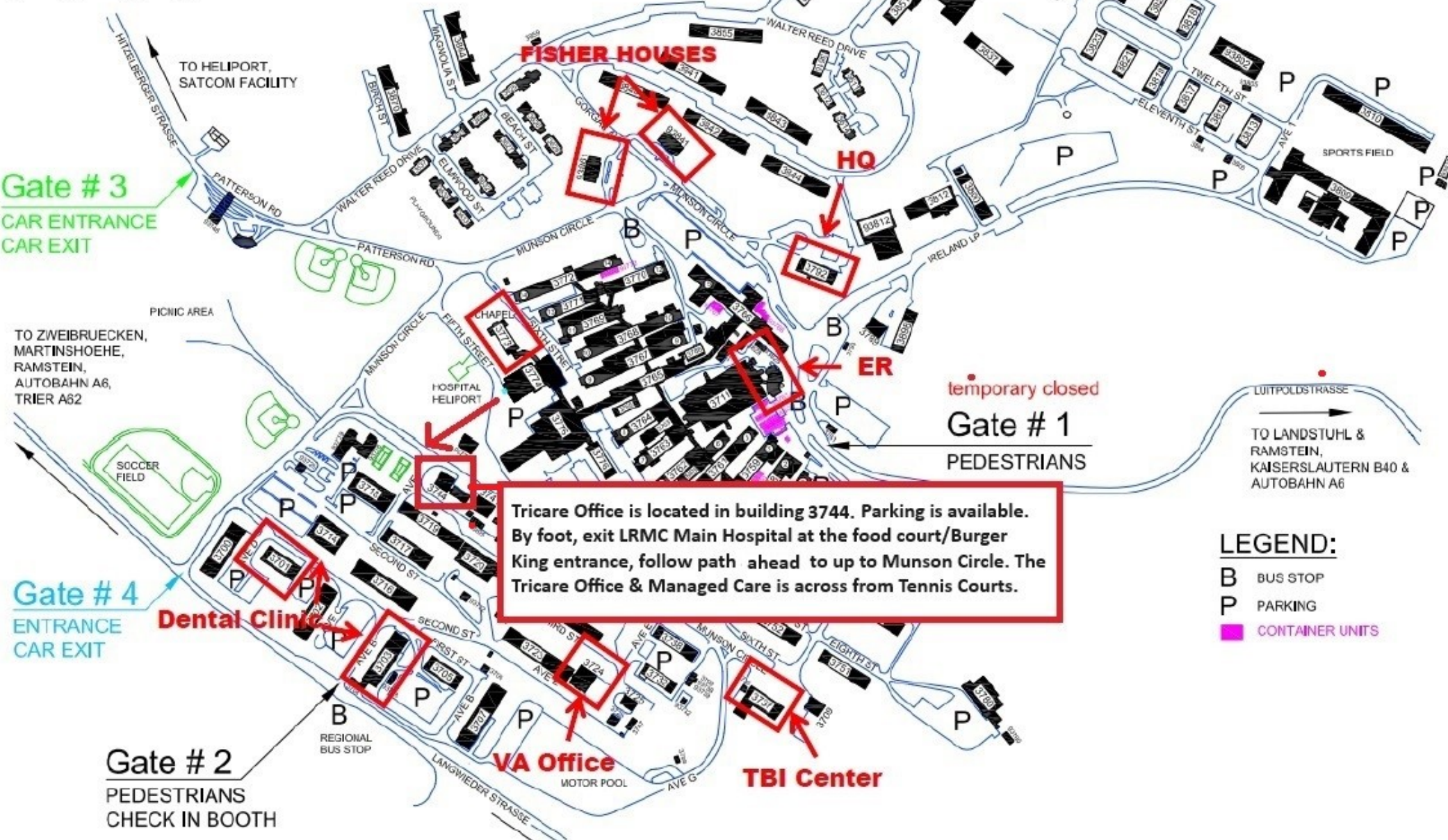
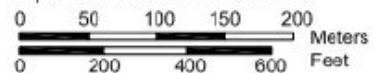
12. Setup Challenge Questions.

13. Registration Complete.



LRMC Community

Updated: MARCH 2021



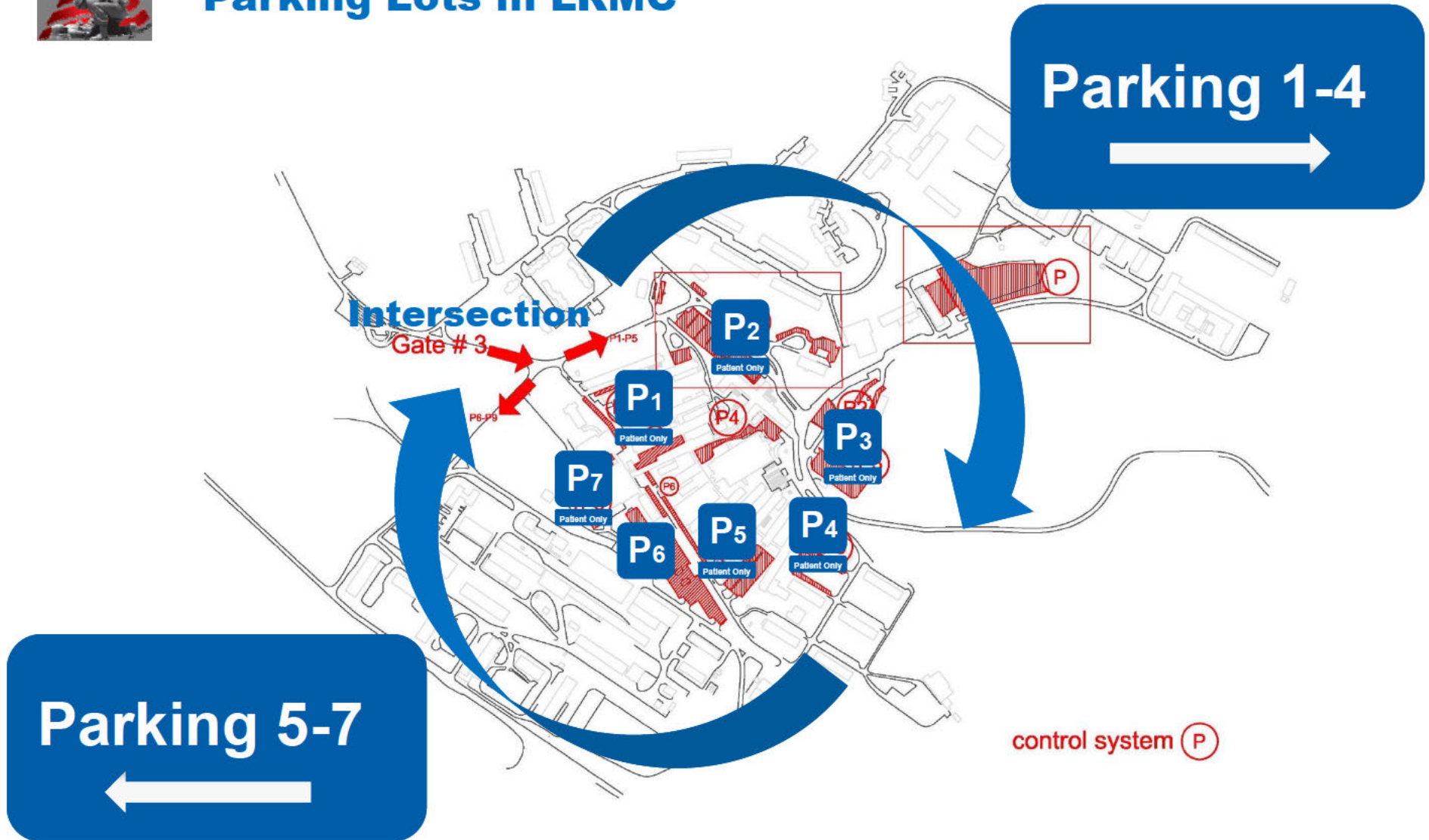
Tricare Office is located in building 3744. Parking is available. By foot, exit LRMC Main Hospital at the food court/Burger King entrance, follow path ahead to up to Munson Circle. The Tricare Office & Managed Care is across from Tennis Courts.

- LEGEND:**
- B BUS STOP
 - P PARKING
 - CONTAINER UNITS

Attachment 6: Parking Area Map



Parking Lots in LRMC



Instructions how to find a provider for your specialty on Tricare-overseas.com

1) Open any internet platform navigate to:

<https://tricare-overseas.com>

<https://tricare-overseas.com>

2) Put the mouse over **beneficiaries**

- 3rd Column "**Resources**", click "**Find a Provider**"



3) Fill in the **Region (Eurasian Africa)**, **Country (Germany)**, and **Tricare Location (Landstuhl, Ramstein, Wiesbaden, or Kaiserslautern)**

PROVIDER SEARCH 

Choose a Location Enter Your Location

Find a provider near you

Select Your Region

Select Your Country

Select Your TRICARE Location *Required*

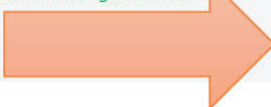
within Any kilometers

[TRICARE Covered Services Search Tool:](#)
Click here to access the TRICARE Covered Services Search Tool and learn more about what health care services are covered under TRICARE.

[Active Duty Dental Program, TRICARE Prime Remote Overseas ADSMs:](#)
After May 1, 2022, TRICARE Prime Remote Overseas ADSMs will receive their dental care from United Concordia Companies, Inc. (UCCI) under the TRICARE Active Duty Dental Program. Click here for more information.


[TOP Network Providers Vetted/Authorized to Deliver Telemedicine Services:](#)
TRICARE may cover medically or psychologically necessary and appropriate telemedicine services overseas. Click here to download a listing of TOP Network Providers vetted/authorized by International SOS to deliver telemedicine services. This list is updated regularly but not all providers listed may be up-to-date. If you have any questions about whether a telemedicine provider is currently vetted/authorized, please contact your TOP Regional Call Center.

[Applied Behavior Analysis \(ABA\) Providers:](#)
For a listing of ABA Providers authorized and certified to deliver care overseas, click here. The listing includes hours of operation, beneficiary age(s) served, telehealth capabilities, and ABA session settings available.




SEARCH

Click **Search** after you select the option.

 Your Location: MTF - Landstuhl

Sort Results By:

Filter Results:

- Specialty + 
- Provider Type +
- Gender +
- Radius +

[Filter by Provider Name](#)

Click on the + Sign for more Specialty

Specialty -

- Civilian PCM
- Dentistry
- General Practice
- Obstetrics & Gynecology
- Pediatrics
- Allergy & Immunology
- Applied Behavior Analysis (ABA)
- Cardiology
- Counseling
- Dermatology
- Dialysis
- Durable Medical Equipment
- Endocrinology
- ENT

Then select the specialty and the providers/clinics list will show up.