

**SURROGACY MOTHER  
LETTER OF ACKNOWLEDGMENT**

1. I, \_\_\_\_\_, (*Printed Patient Full Name*) have a legally binding agreement to act as a surrogate mother.
2. As the surrogate mother, I will not be charged for obstetric services performed at Naval Hospital Bremerton (NHB). Subsistence and meal charges will be charged, if applicable.
3. I have been counseled that services performed in the civilian sector will not be NHB responsibility and will fall under TRICARE Reimbursement Manual 6010.55-M, Chapter 4 and TRICARE Operations Manual, Chapter 11.
4. The non-beneficiary newborn adoptive parents will be charged from time of birth to discharge from NHB, per Bureau of Medicine and Surgery (BUMED), Surrogacy Guidance and BUMED, Resource Management Desk Guide, Chapter 9. NHB and TRICARE are not responsible for any charges for transportation or care if transferred.
5. Department of Defense (DoD) beneficiary newborn adoptive surrogate parents may have subsistence charges, per BUMED, Resource Management Desk Guide, Chapter 9.
6. I have a legally binding agreement with (complete the below information):

Adoptive Full Name(s) \_\_\_\_\_  
Adoptive Phone Number \_\_\_\_\_  
Adoptive Address \_\_\_\_\_  
Adoptive Insurance Company \_\_\_\_\_  
Policy and Group # \_\_\_\_\_  
Adoptive Parents DoD/Military Beneficiary  No  Yes

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COUNSELING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
DATE SIGNED

Route: Code 090A; Code 08RAZD; Code 16TA

**"For Official Use Only"**

NHBREM 6010/27 (6/11)  
Originator: Code 08RAZD