https://lhi.care/start

LHI

Help

Welcome to LHI.Care



logisticshealth.com 888-901-6896

Step 1 of 6: Let's Look You Up

The security of your personal health information is important to us. That's why we use a multi-step process to confirm your identity.

First, provide us with some information so we can find you in our records.

Last name

Last name	

Date of birth

MM	1	DD	1	YYYY

Home ZIP code

5-digit ZIP code	

I'm not a robot	I CAE CHA
	F Mach - TENTE

Step 2 of 6: Choose Your Program

We matched you to the following program.



Continue

If you're not associated with the above program, click here.

Step 3 of 6: Confirm Your Identity

Confirm the last 4 digits of your SSN

Last 4-digits of SSN

Cantinue

Your Personal Information will be listed here

Step 4 of 6: Send a Verification Code

We'll send you a verification code which will expire in 15 minutes. Choose the phone number or email address where we send this code:

O Email - mic******@mail.mil

O Text -- ********0403

Alternate Email mibertan @gmail.com

If the above contact information looks incorrect, click here.

Step 5 of 6: Enter the Verification Code

We sent a code to your phone. Delivery speed and availability may vary by location and service provider.

Verification code

Enter the code



Send a new verification code, or if you need assistance, click here

Your User Name will be listed and can be changed if necessary.

Create an Account

Step 6 of 6: Create a New Password

It looks like you already created a username for LHI.Care. You'll need to create a new password to recover your account.

Change your username

Username must be a minimum of 6 characters and cannot be an email address.

Create a password

Password

Confirm password

Password

Continue

By clicking Continue, you agree to our License Agreement.



Need Services?

We'll check with your service component to see if you're eligible for annual readiness services.

Request Services



Your Account

To assist in scheduling your appointment, please confirm your personal information is up to date.

If you need your appointment scheduled near an alternate address, please call LHI.

Your Account Details

Your account/personal information will be listed below on the LHI page



No upcoming appointments

Need Services?

We'll check with your service component to see if you're eligible for annual readiness services.

Request Services



Request Services

If you believe you need services, we'll need you to answer a few questions so we can process your request.

Continue	Cancel Request

Please

Read

Note!

Service Request Form Review-

Do you use Tricare Prime Remote?

Are you deploying?

Please note the voucher created will automatically include all services you are eligible for based on your service component's program guidance.

Annual eligibility may include services such as a Periodic Health Assessment (PHA), Dental Exam, Hearing and Vision Screening, and Immunizations as needed.

Please identify any requests outside of your eligible services

Request a HIV draw
Request Chlamydia and Gonorrhea testing
Walgreens Walk In Flu Program Preferred
Decline Influenza Immunization

- Decline Annual Dental Exam
- Other

Clicking 'Continue' will submit your request for services. Our team will then review all annual services you are eligible for based on your service component's program guidance.



RHRP SERVICES BY STATUS-ARMY

SERVICE COMPONENT CATEGORY	TPU (TROOP PROGRAM UNIT)	M Day	AGR (ACTIVE GUARD RESERVE- USAR)	AGR (ACTIVE GUARD RESERVE - ARNG)	TPR (TRICARE PRIME REMOTE- AC/USAR/AR NG)	BMA (INDIVIDUAL MOB- ILIZATION AUGMENTEE) MedPros shows them as: Asst active Army UICs, COMPO+AR and AGR=NO	IRR K (Individual Ready Reserve Annual Training) UIC=RRRKKK	IRR L (Individual Ready Reserve Reinforcement UIC=RRRLLL	IRR M (Individual Ready Reserve Active Duty) UIC= RRRMMM HPSP Soldiers
HI GUIDANCES IS GIVEN BY	USARC	ARNG-CSG	USARC	ARNG-CSG	OTSG	HRC (USARC)	HRC (USARC)	HRC (USARC)	HRC (USARC)
HA IDVCLUDES MHA AND VISION CREENINGI	×	×	ж.	×	×	x	*	×	×
VSP (LIPID PANEL, BKG)	x	×	ж	x	x	х	x	х	x
ENTAL EXAM. DG-RAYI	×	x				×	*	×	×
ENTAL TREATMENT	×	×				л			×
OUTINE IMMUNIZATIONS	×	×	r	×	×	*	*	*	*
EPLOYMENT IMMUNIZATIONS	x	×				x	x	x	
YEWEAR EXAM	x	x	£	ŧ	×	20		-	
ev, dina, titers	x	×	ж	×	x	x	×	x	x
LOOD TYPE	× .	×	-	1	-	×	-	1000	5
UDIOGRAM	×	×	x			х	×	×	×
AE/SPRINT	x	×		1		х	×	x	×.
DHRA/MHA	x	x	8.	x.	x	.8	i.	x	
8/790	x	x				x	я	x	x
NOMEN'S HEALTH SERVICES	x	x				я			