

If the care is:	And the service is:	Submit claim:	Documents should include:
Preauthorized	Facility Charges (Inpatient and Outpatient)	As soon as possible after the care is completed	-UB-04 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ Progress Notes
Preauthorized	Physician Charges & Other Professional Services, Including Ambulance (Inpatient or Outpatient)	As soon as possible after the care is completed	-CMS 1500 and itemized statement of charges -Outpatient Hospital Emergency Treatment Records/ Progress Notes
Not Preauthorized (Service Connected Condition)	Emergency Medical Care Facility Charges (Inpatient and Outpatient)	As soon as possible, but no later than 2 years from date of service	-UB-04 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ Progress Notes
Not Preauthorized (Service Connected Condition)	Physician Charges & Other Professional Services, Including Ambulance (Inpatient or Outpatient)	As soon as possible, but no later than 2 years from date of service	-CMS 1500 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ Progress Notes
Not Preauthorized– Millennium Bill (Non-Service Connected Condition)	Emergency Medical Care Facility Charges (Inpatient and Outpatient)	Within 90 days after the most recent of the following: • Date of discharge; or	-UB-04 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ Progress Notes -Certification of no other Payer for the services billed
Not Preauthorized– Millennium Bill (Non-Service Connected Condition)	Physician Charges & Other professional Services, Including Ambulance (Inpatient or Outpatient)	• Date of Veteran's death; or • Date all third party liability is exhausted without success	-CMS 1500 and itemized statement of charges -Hospital Discharge Summary or Outpatient Treatment Records/ Progress Notes -Certification of no other Payer for the services billed

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How To File A Claim For Non-VA Provided Care

F e e t e r a n

Information for the Veteran



I. Claim Filing Instructions for Preauthorized Care*

Claims submitted for payment consideration of costs of preauthorized medical services provided to veterans must include a completed CMS 1500 and/or UB-04 billing forms to include, at a minimum, the following patient and provider information:

- Patient Name (include middle initial)
- Patient Address (include zip code)
- Patient Full Social Security Number
- Provider Name
- National Provider Identifier (NPI) Number
- Provider taxonomy code(s), if known
- Tax Identification Number (TIN/EIN)
- Professional status of provider (MD, PhD, CRNA, etc.)
- Physical address where care was provided
- Remit to (mailing) address where payment should be sent
- All appropriate medical coding
- All other health insurance information

* VA reserves the right to return a claim with a request for additional information.

Note: If you are requesting reimbursement for bills you've paid "out-of-pocket", you must have, at a minimum, the claims information previously listed, as well as all receipts

(cash, check, credit card) that clearly acknowledge payment made for specific medical care and services you received.

II. Claim Filing Instructions for Care Not Preauthorized*

- Submit all required information as stated in Section I.
- Submit all medical records, reports, treatment documents, etc.
- Please reference the table provided on the opposite side for a list of required documents.

* VA reserves the right to return a claim with a request for additional information.

III. Filing Deadlines

VA Fee programs have different claims filing deadlines depending on how the claim is being considered for payment. The table provided on the opposite side shows the timelines for those programs.

IV. Other Important Information about Filing Your Claim

- Claims for payments for your health care should be submitted to the Fee Office of the VA Medical Facility that authorized payment of care in advance. If you are not sure if VA authorized payment of care in advance, you may submit health care claims to the nearest VA Medical Facility Fee Office. We recommend that you keep a copy of all documents submitted to the Fee Office.

- If you received care outside the United States, please contact:

VA Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, CO 80206-9021 USA
(303) 331-7590

- You should contact your non-VA provider for assistance in obtaining a completed bill and any other medical documentation you may need.
- You may also contact your local VA Medical Facility Fee Office for additional information and assistance in filing claims for your health care services.

Your local VA Medical Facility Fee Office is located at:

