OMB Number: 2900-0219 Est. Burden: 7 minutes

Department of Veterans Affairs — CHAMPVA Potential Liability Claim

VA Health Administration Center **CHAMPVA** **PO Box 469063** **Denver CO 80246-9063** **1-800-733-8387**

Attention: After reviewing the following information, complete this form (print or type only) in its entirety and return.

Purpose: Based on recent claim information, medical services have been received for the treatment of an injury or potential work-related illness. Because the Federal Medical Care Recovery Act, 42 USC 2651-2653, requires the recovery of VA costs associated with such services when the injury/illness was caused or is covered by a third party, the following information is required.

Section I - Patient Information

1. Last Name (this is a mandatory field)	2. First Name (this is a mandatory field)	MI	3. Social Security Number (this is a mandatory field)

4. Street Address	5. Date of Birth (mm/dd/yyyy)

6. City	7. State	8. ZIP Code	9. Telephone Number (include area code)

Section II - Injury/Illness Information

If more space is needed, continue in the same format on separate sheet

10. Diagnosis

11. Circumstances

a. When

b. Where ☐ Work ☐ Auto Accident ☐ Home ☐ Other (specify below)

12. Describe What Happened

13. Last Name of Witness

14. First Name of Witness **MI**

15. Witness Telephone Number (include area code)

16. Last Name of Investigator (i.e. police)

17. First Name of Investigator **MI**

18. Title

19. Investigator Telephone Number (include area code)

Section III - Third Party Claim Information

If more space is needed, continue in the same format on separate sheet

20. Based on location of incident in Section II, provide insurance information for:

☐ Auto Insurance ☐ Employer ☐ Home Owner Insurance ☐ Other (specify)

21. Name of Insurance Company/Employer

22. Street Address

23. City

24. State	25. ZIP Code	26. Insurance Co. / Employer Phone (include area code)

27. Insurance Policy Number

28. Is patient represented by an attorney or contemplating representation?

☐ Yes (complete attorney information below)
☐ No (proceed to Section IV)

29. Last Name of Attorney	30. First Name of Attorney

31. Street Address

32. City

33. State	34. ZIP Code	35. Attorney Telephone Number (include area code)

Section IV - Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making any fictitious, or fraudulent statements or claims.

36. I certify that the above information and attachments are correct to the best of my knowledge and belief. (Sign and date on right.) If signed by a person other than patient, complete the following.

Signature **Date**

37. Last Name	38. First Name	MI	39. Relationship to Patient

40. Street Address

41. City	42. State	43. ZIP Code	44. Telephone Number (include area code)

CHAMPVA Potential Liability Claim Form

PRIVACY ACT: The authority for collection of the requested information 38 U.S.C. 501, 38 C.F.R. 1.900 et. seq; 42 U.S.C. 2651-2653; and E.O. 9397. The purpose of collecting this information is to provide basic information from which potential liability can be assessed. You do not have to provide the requested information but if any or all of the requested information is not provided, it may delay or result in denial of your request for CHAMPVA benefits. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records 54VA16, titled "Health Administration Center Civilian Health and Medical Program records -VA". For example, information on this form may be disclosed to contractors, trading partners, health care providers and other suppliers of health care services to determine your eligibility for medical benefits and payment for services. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

Paperwork Reduction Act: This information is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 7 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. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the CHAMPVA Help Line, 1-800-733-8387. 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. Based on recent claim information, medical services have been received for the treatment of an injury or potential work-related illness. Because of the Federal Medical Care Recovery Act, 42 USC 2651-2653, requires the recovery of VA costs associated with such services when the injury/illness was caused or is covered by a third party, this information is required.

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