



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

We are considering a claim for disability insurance benefits for the insured veteran named above. He appears to have been treated at your facility during the following periods:

OMB Control No. 2900-0119
Respondent Burden: 12 minutes
Expiration Date: XXXXXXXX

ADMISSIONS		ADMISSIONS	
FROM	TO	FROM	TO

To help us make a decision of this claim, we need copies of the discharge summaries and outpatient treatment records for the periods shown above. The insured veteran's claim authorizes us to request this information from you.

Please return the copy of this letter with your reply.

Thank you for helping us assist this veteran.

Department of Veterans Affairs

Enclosures

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing.

RESPONDENT BURDEN: We need this information to determine continued eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 12 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.