



Claim Cover Sheet – Foreign Medical Program (FMP)

Chief Business Office Purchased Care, Foreign Medical Program

PO Box 469061, Denver, CO 80246-9061 USA

Telephone number: 1-303-331-7590

Fax number: 1-303-331-7803

Email: hac.fmp@va.gov

Website: <http://www.va.gov/PURCHASEDCARE/programs/veterans/fmp/>

Instructions:

Using this form: Use this form to obtain reimbursement for medical services outside the United States (except the Philippines). Attach itemized invoices or receipts.

Payments: Payment is based on the exchange rate on the date service was rendered.

Other Health Insurance (OHI): If other health insurance exists, attach the Explanation of Benefits (EOB) from the other health insurance company and an itemized billing statement. Dates of service and provider charges on the EOB must match billing statements.

Translation service: We will translate your claim.

Timely filing requirement: Claims must be received no later than two years from the date of service, or in case of inpatient care, within two years from the date of discharge.

Section I - Veteran Information

Veteran Name <i>(Last Name, First Name, Middle Initial)</i> <i>(mandatory)</i>		VA Claim #
Mailing Address		Social Security # <i>(mandatory)</i>
		Date of Birth <i>(mm/dd/yyyy)</i>
		Telephone Number <i>(include all prefixes international - country - city)</i>
		Email address

Section II - Diagnosis or Nature of Illness or Injury

All claim forms must be accompanied by the provider's itemized billing statement(s) which must include the following basic information:

Provider Information
 Full name and medical title
 Office address
 Office telephone number
 Billing address if different from office address

Claim Information
 Diagnoses treated
 A narrative description of each service
 Each service's billed charge
 The date(s) of service

Payment to be sent to? (check one) Veteran Provider

Section III - Claimant Certification

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

I certify that the above information and attachments are correct and represent actual services, dates, and fees charged.	Signature (type if electronic)	Date

Claim Cover Sheet for Foreign Medical Program (FMP)

Appendix

Privacy Act and Paperwork Reduction Act Information: The information requested on this form is solicited under the **Authority:** Title 38, U.S.C. 1724. The Systems of Records that apply are 23VA10NB3, Non-VA Care (Fee) Records-VA (FR 80 No.146 July 30, 2015) and 54VA10NB3, (FR 80 No. 41, Mar 3, 2015) "Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files --VA". **Purpose:** Records may be used to establish, determine, and monitor eligibility to receive VA benefits and for authorizing and paying Non-VA healthcare services furnished to veterans and beneficiaries and to process claims for medical care and services, and to process stipends. **Principle:** Veterans, Beneficiaries, Pensioned members of the allied forces and Healthcare providers treating individuals who receive care under 38 U.S.C. Chapters 1 and 17. **Routine Use:** Routine use disclosures are in accordance with the Privacy Act of 1974 (as amended) and the applicable system of records notice. **Disclosure:** Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security number (SSN) (the SSN will be used to locate records) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. VA may disclose the information as a routine use disclosure outlined in applicable Privacy Act Systems of Records Notice.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 11 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.