

**Department of
Veterans Affairs**

Memorandum

Date: September 27, 2013
From: VHA PRA Compliance Liaison (10B4)
Subject: Minor changes to proposed VA Form 10-3542
To: OMB Desk Officer for the Department of Veterans Affairs

Revisions are explained in a narrative, then graphically with additions marked in red and deletions marked in blue.

Two minor changes to VA Form 10-3542 and one to the instructions will increase the utility of the form.

- In Section 2.a we add a fifth option of “other” to avoid future form revisions due to possible statutory, regulatory, or programmatic changes.
- The box below 3.h. titled ‘Treating Facility Address and Treatment Dates’ is limited for use when the claimant is requesting reimbursement for travel to non-VA related care. During the administrative processing of the claim form as currently written, this limitation poses a significant issue as there is no area to capture the name of address information of VA medical care. A formatting modification from one box to two boxes titled ‘4.a Treating Facility Name (VA or Non-VA location)’ and ‘4.b Treating Facility Address (Optional)’ would allow for improved claim processing by reducing the need to research data bases or to contact the claimant directly for facility and address information.
- Number ten on the instructions section titled ‘Who is Eligible for Reimbursement of Travel Expenses’ is currently limited to reference the status of 2.a claimants. The modification to ‘Certain non-Veterans when related to care of a Veteran (Caregivers under the National Caregiver Program, medically required attendants, VA transplant care donors and support persons, or other claimants subject to current statutory, regulatory, or programmatic guidelines.’ will allow the form to capture other claimants that may become eligible due to future statutory, regulatory, or programmatic changes.

VA FORM 10-3542, VETERAN/BENEFICIARY CLAIM FOR REIMURSEMENT OF TRAVEL EXPENSES

Form 10-3542, Section 2.a:

2.a Claimant's status: *(check one)* Complete 3.a, 3.b, 3.c and 3.d if Caregiver, Attendant or Donor is checked.

Veteran Caregiver (National Caregiver Program) Attendant (Medically authorized by VA) Donor (VA Transplant Care) Other

Form 10-3542: Section 3:

Treating Facility Name (VA or non-VA location) Address and Treatment Dates (complete only if claiming reimbursement for non-VA care related travel)	Treating Facility Address (Optional)
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Form 10-3542: Instructions (Page 2, first section):

Who is Eligible for Reimbursement of Travel Expenses

10. Certain non-Veterans when related to care of a Veteran (Caregivers under the National Caregivers Program, medically required attendants, VA transplant care donors and support persons, or other claimants subject to current statutory, regulatory, or programmatic guidelines. (Caregivers under the National Caregiver Program, attendants and donors)

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