**Summary of updates to VA Form 10-10EZ**:

 (1)

**Instructions for Sections IV-VI: Financial Disclosure**

* Removed the phrase “and copay responsibility”

ONLY NSC AND 0% NONCOMPENSABLE SC VETERANS MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR VA HEALTH CARE ENROLLMENT AND/OR CARE OR SERVICES.

(2)

**Section VIII - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS**

* Add updated language in Instructions to include urgent care benefit.

BY SUBMITTING THIS APPLICATION, YOU ARE AGREEING TO PAY THE APPLICABLE VA COPAYMENTS FOR CARE OR SERVICES (INCLUDING URGENT CARE) AS REQUIRED BY LAW. YOU ALSO AGREE TO RECEIVE COMMUNICATIONS FROM VA TO YOUR SUPPLIED EMAIL OR MOBILE NUMBER.

(3)

**Last page – Section VII:**

|  |
| --- |
| **SECTION VII - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS** |
| **By submitting this application you are agreeing to pay the applicable VA copayments for care or services (including urgent care) ~~VA copays for treatment or services of your NSC conditions~~ as required by law. You also agree to receive communications from VA to your supplied email or mobile number.** |

**Summary of updates to VA Form 10-10EZR**:

(1)

**Instructions for Sections IV - V:**

* Remove the phrase “medical services for their NSC conditions”

VETERANS MAY PROVIDE A FINANCIAL ASSESSMENT TO UPDATE THEIR ELIGIBILITY FOR COST-FREE ~~MEDICAL SERVICES FOR THEIR NSC CONDITIONS~~ CARE OR SERVICES, BENEFICIARY TRAVEL ELIGIBILITY, AND/OR WAIVER OF THE BENEFICIARY TRAVEL DEDUCTIBLE REQUIREMENT.

(2)

**SECTION VI - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS**

* Remove the phrase “copays for treatment or services of your NSC conditions”

BY SUBMITTING THIS APPLICATION, YOU ARE AGREEING TO PAY THE APPLICABLE VA ~~COPAYS FOR TREATMENT OR SERVICES OF YOUR NSC CONDITIONS~~ COPAYMENTS FOR CARE OR SERVICES (INCLUDING URGENT CARE) AS REQUIRED BY LAW. YOU ALSO AGREE TO RECEIVE COMMUNICATIONS FROM VA TO YOUR SUPPLIED EMAIL OR MOBILE NUMBER.