OMB Number: 2900-0219 Estimated Burden: 10 minutes Expiration Date: 9/20/2016

Department of Veterans Affairs

Claim for Miscellaneous Expenses

Chief Business Office Purchased Care **1-888-820-1756**

Attention: After reviewing the following information, complete the form in its entirety (print or type only) and return with the required documentation. Receipts must be provided with this form to ensure proper payment. Failure to provide the requested information will result in a delay or denial of reimbursement. If more space is needed, continue in the same format on a separate sheet.

Note: This form is required for all claims for reimbursement of miscellaneous expenses related to the treatment of spina bifida and other covered birth defects and associated covered conditions. Regardless of the type of expense being claimed, completion of Sections I, II, and IV are mandatory. Completion of Section III is required only for claims involving travel. Reimbursement for approved expenses (including attendant travel/miscellaneous expenses) will be made payable to the beneficiary.

Section I - Patient Information

Last Name	First Name	MI	Social Security Number

Street Address	Date of Birth (mm/dd/yyyy)

City	State	ZIP Code	Telephone Number (include area code)

Section II - Sponsor Information

Last Name	First Name	MI	Social Security Number

Section III - Travel

Attach required receipts for expenses claimed (receipts for privately owned vehicle mileage [POV] excluded)

Will the provider be billing for services? (Check one) ☐ Yes ☐ No

Certification of Medical Service (required for *all* travel claims)

Date of Service (mm/dd/yyyy)	Provider Tax ID Number	Provider signature certifying service on service date (type if electronic)

Patient Travel Information

Mode of Travel

☐ Airline ☐ Taxi ☐ POV (round trip) mileage ▶ ▶ ▶

☐ Bus ☐ Train ☐ Other (specify) ▶ ▶ ▶ ▶ ▶

Date(s) of travel (mm/dd/yyyy)	Departure			Arrival		
	City	State	Time (e.g. 0815)	City	State	Time (e.g. 0815)

Date(s) of travel (mm/dd/yyyy)	Departure			Arrival		
	City	State	Time (e.g. 0815)	City	State	Time (e.g. 0815)

Attendant Information

Last Name	First Name	MI	Relationship to Patient

Patient/Attendant Miscellaneous Expenses

Lodging $ | Other (parking, tolls, etc.) $ | Meals $

Section IV - Certification

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

Release of Medical Information: Signature in this section authorizes the patient's providers to release medical record documentation related to the services associated with this claim. This consent pertains to all medical records, including records related to treatment for psychological and psychiatric conditions, drug and alcohol abuse, acquired immune deficiency syndrome, human immunodeficiency virus infection, and sickle cell disease.

▶ ***I certify that the above information and attachments are correct and represent actual services, dates, and fees charged. (Sign and date on right.) If certification is signed by a person other than the patient, complete the information, signature and date.***

Signature (type if electronic)	Date

Last Name	First Name	MI	Relationship to Patient

Street Address

City	State	ZIP Code	Telephone Number (include area code)

Claim for Miscellaneous Expenses

Privacy Act Information: Information on this form is collected in accordance with the System of Records Notice 54VA10NB3, Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files-VA (Published March 3, 2015, FR 80, number 41). **Category:** Records maintained in the system include program applications, eligibility information concerning the Veteran, family members, caregivers, other health insurance information to include information regarding eligibility or entitlement to other federal medical programs. **Authority:** 38 USC 501 and 1781. **Purpose:** Records may be used for purposes of establishing and monitoring eligibility to receive VA benefits, processing claims for medical care and services, and processing stipends. **Routine Use:** The Privacy Act permits VA to disclose information about individuals without their consent under the Privacy Act Routine Use Disclosure when the information will be used for a purpose that is compatible with the purpose for which VA collected the information. **Disclosure:** Voluntary. You do not have to provide the requested information on this form 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.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Title 44 U.S.C. Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 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. Respondents should be aware that 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.

Spina Bifida Health Care Program

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