



U.S. Department of Veterans Affairs
 Veterans Health Administration

Foreign Medical Program (FMP) Registration Form

PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

PAPERWORK REDUCTION ACT: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 4 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. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the customer service center at 1-877-466-7124. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current, valid OMB control number. The purpose of this data collection is to provide a mechanism for the creation of fraud, waste and abuse complaint inquiry cases for VHA programs.

PRIVACY ACT STATEMENT: The authority for collection of the requested information on this form is in accordance with the Department of Veteran Affairs System of Records Notice: 23VA10NB3, Non-VA Care (Fee) Records-VA (FR: Thursday, July 30, 2015) and 54VA10NB3, Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files --VA (FR: Tuesday March 3, 2015). Purpose: The purpose of collecting this information is to adjudicate and process fraud, waste and abuse cases for VHA programs. Routine Use: Disclosure to other Federal agencies may be made to assist such agencies in preventing and detecting possible fraud or abuse by individuals in their operations and programs. You do not have to provide the requested information, but if any or all the requested information is not provided it may significantly delay processing of your request. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. VA System of Records Notices are available Online via The Office of the Federal Register at <http://www.ofr.gov/>.

Veterans can use this form to register in the VA Foreign Medical Program. The information provided on this form will be used by VA to determine your eligibility for reimbursement for medical services outside the United States. Please complete and submit to the FMP office at the address listed or FAX to 1-303-331-7803 or EMAIL to hac.fmp@va.gov. All items must be completed (if not applicable, please write or type None or N/A).

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: <https://www.va.gov/communitycare/programs/veterans/fmp/>

Veteran Information - Please Print

Veteran Last Name	Veteran First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	VA Claim File Number	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (Residence)	Mailing Address	
<input type="text"/>	<input type="text"/>	
Country	Country	
<input type="text"/>	<input type="text"/>	
Telephone Number	Email Address	
<input type="text"/>	<input type="text"/>	

Federal law provides criminal penalties, including a fine and/or imprisonment, for any materially false, fictitious, or fraudulent statement or representation (See 18 U.S.C. 287 and 1001).

Veteran Signature (Required)(Sign in ink)	Date (Required) (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

I certify that the above information is correct and true to the best of my knowledge and belief.