



U.S. Department of Veterans Affairs

Choose Language / Elija el idioma

English



The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the Veterans Crisis Line: Dial 988 (Press 1) or 1 (800) 273-8255 (Press 1), text 838255, or visit <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the National Call Center for Homeless Veterans (NCCHV) by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to VACOPaperworkReduAct@VA.gov. VA will not disclose your personal information to third parties outside VA without your consent or when immediately responding to an expressed concern.

OMB Number: 2900-0876
Expiration: 02/28/2026
Estimated Burden: 5 minutes

Help us serve you better.

We want to hear about your experience addressing billing questions with the VA's community care contact center. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This voluntary survey should take you approximately 5 minutes to complete.

I understood whom to contact if I receive a bill from my Community Care provider or collection agency.

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

I received a community care bill or was contacted by a collection agency for: Select all that apply:

| |
|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Authorized community care (I had a referral) |
| <input type="checkbox"/> Unauthorized community care (I did not have a referral) |
| <input type="checkbox"/> Emergency care |
| <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Supportive services (x-ray, labs) |
| <input type="checkbox"/> Medical equipment |

It was easy to contact VA community care contact center to address a question or concern about an outstanding bill from a community provider or collection agency from a community care visit.

| | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

VA addressed my billing concerns or credit reporting issues with respect and dignity.

| | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

The VA addressed my billing or credit reporting issues related to a community care bill in a reasonable amount of time.

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

I am satisfied with VA's response to my community care billing needs.

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

I trust VA to partner with me to resolve any billing or credit issues that might result from using community care.

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

Finish

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0876, and it expires 02/28/2026. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0876 in any correspondence. Do not send your completed VA Form to this email address.

Privacy Notice: By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. This collection of information is authorized by 38 USC Section 301 <https://www.federalregister.gov/d/2021-01526>.