



## Dashboard

### Updates to your BTSSS Dashboard

Your dashboard shows your draft claims, claims that have had a status change in the last 30 days, and appointments in the last 30 days. Use the menu to see your entire history of claims and appointment, and your deductible status.

If your contact, mailing, or banking information changed recently, please [review your profile](#).

## Claims

Filter claims table

No Filter ▾

Claim Name	Claim Number	Claim Status	Claim Last Updated ↓	Appointment Details	Facility Name
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013016	In Manual Review	7/30/2024 2:01:36 PM	Vista - 983 CLINICAL PHARMACIST 3/11/2024 11:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013015	In Manual Review	7/30/2024 2:01:35 PM	Vista - 983 CLINICAL PHARMACIST 3/10/2024 9:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013013	Approved for Payment	7/10/2024 5:35:42 PM	Vista - 983 CLINICAL PHARMACIST 4/27/2024 8:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by BTSSS System Administrator on 7/5/2024</a>	TC202407000012993	Approved for Payment	7/10/2024 5:35:42 PM	Vista - 983 RCLINIC3 unscheduled visit 4/19/2024 9:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013012	Approved for Payment	7/9/2024 2:08:37 PM	Vista - 983 RCLINIC4 UNSCHED VISIT 4/8/2024 8:00 AM	Cheyenne VA Medical Center Test

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[What Does My Claim Status Mean?](#) Visit the help page for more information.

## Appointments

Your appointments table shows appointments in the last 30 days.

Appointment Name	Appointment Date/Time ↓	Appointment Status	Associated Claim	Facility Name
<a href="#">Vista - 983 ANESTHESIA PROCEDURE</a>	7/29/2024 8:00:00 AM	ACT REQ/CHECKED IN	<a href="#">Create</a>	Cheyenne VA Medical Center Test
<a href="#">Vista - 983 RCLINIC2 WALK IN</a>	7/22/2024 11:00:00 AM	CHECKED OUT	<a href="#">Create</a>	Cheyenne VA Medical Center Test
<a href="#">Vista - 983 CLINICAL PHARMACIST</a>	7/18/2024 11:45:00 AM	CHECKED OUT	<a href="#">Create</a>	Cheyenne VA Medical Center Test
<a href="#">Vista - 983 CLINICAL PHARMACIST</a>	7/18/2024 10:00:00 AM	CHECKED OUT	<a href="#">Create</a>	Cheyenne VA Medical Center Test
<a href="#">Vista - 983 CLINICAL PHARMACIST</a>	7/17/2024 12:22:00 PM	CHECKED OUT	<a href="#">Create</a>	Cheyenne VA Medical Center Test

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[What Does My Appointment Status Mean?](#) Visit the help page for more information.



## Initiate Claim

Appointment Name: Vista - 983 ANESTHESIA PROCEDURE

First Name: NOLLE

Middle Name: POLITE

Last Name: BARAKAT

Select Address From Previous Claims:

☒ Profile Address

☐ 1103 E PERSHING BLVD, , CHEYENNE, WY, 82001, 41.14564, -104.80815

☐ 1103 E PERSHING BLVD, , CHEYENNE, WY, 82001, 41.14568, -104.80818

Street Address (\*Required)

1103 E PERSHING BLVD

Street Address Line 2

City (\*Required)

CHEYENNE

State/Province/Region (\*Required)

Wyoming



Postal Code (\*Required)

82001

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Continue »



U.S. Department  
of Veterans Affairs

Beneficiary Travel Self Service System

NOLLE BARAKAT ▾

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## Claim Details

Add and review your claim expenses and receipts for this appointment.

[View Claim Information](#) ▾

Facility Responsible for Payment (\*Required)

Cheyenne VA Medical Center Test



### Add Expenses

Select an expense type

Mileage Expense ▾

[Add Selected Expense](#)

### Attachments

You can upload up to 5 attachments. If you need to add more attachments to your claim, contact the VA Medical Center and ask to speak with the Beneficiary Travel Department.

[Add Attachments](#)

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# Add Mileage Expense

## Step 1 of 2: Verify Addresses

[View Appointment Details](#) ▾

Date (\*Required)

Month	Day	Year
July ▾	22 ▾	2024

Trip Description

Starting Address

Street Address (\*Required)

Street Address Line 2

City (\*Required)

State/Province/Region (\*Required)

 ▾

Postal Code (\*Required)

Destination Address

Street Address (\*Required)

Street Address Line 2

City (\*Required)

State/Province/Region (\*Required)

 ▾

Postal Code (\*Required)

Trip Type (\*Required)

[What are the policies for trip types?](#) ▾

 ▾

# Add Mileage Expense

## Step 2 of 2: Confirm Mileage and Reimbursement Amount

View Appointment Details ▾

Date: 07/29/2024  
Trip Description:  
Trip Type: Round Trip  
Starting Address: 1103 E PERSHING BLVD  
CHEYENNE, WY, 82001  
Destination Address: 2360 E Pershing Boulevard  
CHEYENNE, WY, 82005

### Mileage/Reimbursement

Approved Mileage: 2.86  
Reimbursement Amount: \$1.19

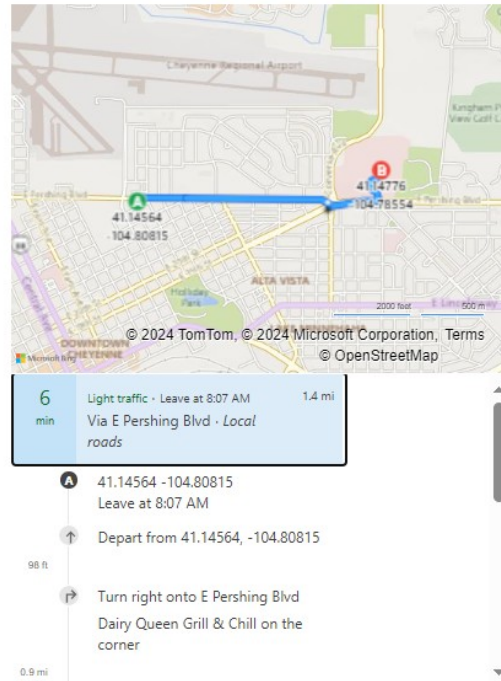
How were these numbers calculated? ▾

Would you like to challenge the calculated mileage?

- ☐ Yes  
☒ No

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Save



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## Claims

Filter claims table

No Filter

Claim Name	Claim Number	Claim Status	Claim Last Updated ↓	Appointment Details	Facility Name
<a href="#">Claim created by NOLLE POLITE BARAKAT on 7/30/2024</a>	TC202407000013051	Approved for Payment	7/30/2024 2:09:09 PM	VistA - 983 ANESTHESIA PROCEDURE 7/29/2024 8:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013015	In Manual Review	7/30/2024 2:07:07 PM	VistA - 983 CLINICAL PHARMACIST 5/10/2024 9:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013016	In Manual Review	7/30/2024 2:07:07 PM	VistA - 983 CLINICAL PHARMACIST 5/11/2024 11:00 AM	Cheyenne VA Medical Center Test
<a href="#">Claim created by Travel Clerk on 7/8/2024</a>	TC202407000013013	Approved for Payment	7/10/2024 5:55:42 PM	VistA - 983 CLINICAL PHARMACIST 4/27/2024 8:00 AM	Cheyenne VA Medical Center Test

## Claim Details

Add and review your claim expenses and receipts for this appointment.

[View Claim Information](#)

Facility Responsible for Payment (\*Required)

Chayenne VA Medical Center Test



## Add Expenses

Select an expense type

Select Expense

[Add Selected Expense](#)

## Expense Items

Type	Date	Description	Requested	Submitted	Actions
Mileage	07/29/2024	(Miles: 2.86)	\$1.19	\$0.00	<a href="#">Edit</a> <a href="#">Delete</a>
Total			\$0.00		

## Attachments

You can upload up to 5 attachments. If you need to add more attachments to your claim, contact the VA Medical Center and ask to speak with the Beneficiary Travel Department.

[Add Attachments](#)

Please read and accept the agreement notice below.

**Penalty Statement:** There are severe criminal and civil penalties including fine or imprisonment, or both for knowingly submitting a false, fictitious, or fraudulent claim.

**Please review and certify the statements are true:**

- I have incurred a cost in relation to the travel claimed.
- I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens, and have not used any Government-owned conveyance or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel that is not herein claimed.
- I have not received other transportation resources at no-cost to me.
- I am the only person claiming for the travel listed.
- I have not previously received payment for the transportation claimed.

By clicking the checkbox below I certify the above is true and the information provided for this claim is correct and factual.

☒ I agree to the terms in the above paragraph. (\*Required)

[Save and finish this claim later.](#)

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[Submit](#)

[Need Help?](#)

Access VA

If you are a JAWS user, please refer to the [JAWS Job Aid](#) before using BTSSS.

## Announcements

### EFT Information

Claims approved for payment within this system are designed to use electronic funds transfer (EFT) to your checking/savings account or VA debit card. If your EFT information is not on file with Veterans Health Administration (VHA) Financial Management System (FMS) your approved payment may be delayed until the information is provided to process your claim or adjustments are made to allow for temporary payment by check. If you currently receive other benefit payments by EFT from the Veterans Benefits Administration (VBA) your EFT information is not on file with our system unless you have provided it previously to your local VA Medical Center. You can confirm if your EFT information is on file by reviewing your Veteran profile screen. If it is missing please contact your local BT office to update it. They will provide you with the necessary signature forms to have it added.

### Facility for Payment

When entering claims, please identify the facility responsible for payment as the facility that provided your care or approved your care for care in the community. For example, if you submit a claim for care or services approved at a non-VA facility, you identify the care VA facility that authorized it as facility responsible for payment. In most situations this will be your preferred or home facility. If you receive care at a VA Community Based Outpatient Clinic (CBOC) this location will be available for selection as an associated facility of its larger parent VA Medical Center. You will see it when you select the location of your appointment.

**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 2900-0798, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 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](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0798 in any correspondence. Do not send your completed BTSSS claim or VA Form 10-3542 to this email address.

**Privacy Act Information:** VA is asking you to provide the information on this form under 38 U.S.C. Sections 111 to determine your eligibility for Beneficiary Travel benefits and will be used for that purpose. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law; possible disclosures include those described in the "routine use" identified in the VA systems of records 24VA19 Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

Respondent burden: **10 minutes**

OMB Control : **2900-0798**