

Training Module 10

***Note:** Due to the increasing demand for VA Pharmacy benefits, it may take a considerable period of time before a veteran receives notification of an appointment with the assigned Primary Care Team. For this reason, veterans who choose to hand carry the application forms to the VAMC may not be examined upon arrival for Non-Emergent conditions. In some instances these veterans may be examined only for the purpose of providing temporary (non-refillable) 30-day supply of necessary medicines for chronic conditions.

ELIGIBILITY AND HOW TO APPLY FOR A DEPARTMENT OF VETERANS AFFAIRS FEE BASIS I.D. CARD

ELIGIBILITY:

- A. Service-connected veterans.
- B. Veterans in receipt of SMP
- C. World War I veterans
- D. Requires recurrent outpatient medical treatment
- E. No Department of Veterans Affairs (VA) facilities available or the VA facility cannot treat the medical condition.

APPLICATION:

- A. Submit VA Form 10-10EZ (Marked Fee Basis Card)
- B. Submit, if possible, a doctor's report on treatment needed. This will help the veteran speed up the process:

The statement should include diagnosis, medications, and answer the following questions:

- 1. Does the veteran require treatment on a continued basis?
- 2. How often?
- 3. Approximate monthly cost?
- 4. Can the veteran travel to a VA Medical Center for treatment? If not, please explain reasons that prohibit travel.
- 5. Mileage from veteran's residence to local physician's office (one way)?

- C. Mail to: VA Medical Center (006N)
Fee Services
1970 Roanoke Blvd.
Salem, VA 24156

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How to use a Fee-Basis card once issued:

- A. Veteran must locate the Physician of his/her choice who is willing to participate in the Fee Program.
- B. Payment is limited to \$125.00 per month for the conditions listed on the Fee Basis Card.
- C. If the Fee Physician wants to perform a procedure that will exceed the \$125.00 limit, he must obtain prior approval by submitting a written treatment plan with medical justification to the following address:

VAMC Salem
Attn: Fee Services
1970 Roanoke Blvd.
Salem, VA 24153
Phone number for North Carolina: 1-800-936-7540

- D. Physician should be willing to accept Fee Schedule payment as Paid in Full.
- E. Veteran should not be billed any balances for services beyond what the Fee Schedule allows unless the services were for unapproved conditions. In that case the VA will not pay.

Special Notes:

- A. Fee Basis I.D. Cards are for outpatient treatment only (no dental, hospitalization, prosthetic, or an other purposes).
- B. All veterans will be re-evaluated periodically to determine continuation of Fee Basis care. Fee Basis is not a permanent status for any veteran.

Insurance Information:

The VA will bill insurance companies for medical care provided for all non-service connected disabilities.

Example:

1. Veterans with aid and attendance or who are housebound and WWI veterans whose only entitlement is non-service connected.
2. Veterans who are rated 50% service-connected or more and are authorized treatment for non-service-connected conditions; the VA will bill insurance companies for the non-service-connected conditions.
3. VA will not bill the veteran if the insurance carrier does not pay.

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Eligibility and How to Apply for VA Authorization of Emergency-Outpatient Treatment:

- A. Service-connected 50% - 100%
Any Emergent condition
- B. Service-connected less than 50%
Emergent treatment for service-connected conditions only
- C. A & A, Housebound, or WWI veterans
Any Emergent condition
- D. VA facilities are not feasibly available
- E. Treatment report(s) must be provided to Fee Basis within 15 days from the date of EMERGENT condition
- F. Notification of such Emergency treatment must be made to Fee Basis by telephone, telegram, or letter within 72 hours of Emergent condition.
- G. When submitting for payment, veteran must submit all invoices, emergency room report, or doctors' report; and must substantiate the existence of a medical Emergency.

Non-Service-Connected Emergency Care Benefits:

The VA will now pay for emergency care rendered for non-service-connected conditions for enrolled veterans who have no other source of payment for the care. If facilities accept VA reimbursement it is considered payment in full and qualifying veterans will not be held responsible for hospital charges. This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursements.

How to qualify:

To qualify you must meet all of the following criteria:

- A. You are enrolled in the VA Health Care System
- B. You have been provided care by a VA Clinician or provider within the last 24 hours.
- C. You were provided care in a hospital emergency department or similar facility providing emergency care.
- D. You have no other form of health insurance.
- E. You do not have coverage under Medicare, Medicaid, or a state program
- F. You do not have coverage under any other VA programs
- G. Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.

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- H. A reasonable layperson would judge that any delay in medical attention would endanger you health or life
- I. You are financially liable to the provider of the emergency treatment for that treatment
- J. You have no other contractual or legal recourse against a third party that will pay all or part of the bill
- K. You, your representative, or the medical facility should contact the nearest VA Medical Center as soon as possible
- L. VA will not pay the private facility until your condition stabilizes

Eligibility and Procedures to File a Claim for Unauthorized Emergent Outpatient Medical Services:

- A. Emergent treatment for a service-connected disability
- B. Emergent treatment for any condition for veterans rated permanently and totally disabled due to a service-connected disability (no future exam scheduled).
- C. VA facilities must not be feasibly available.
- D. Medical condition must be of such an emergent nature that any delay in obtaining treatment would have been hazardous to the veteran's life or health.
- E. Payment request must be received by the VA within 2 years of date of treatment.
- F. Notification of Emergent treatment must be made by telephone, telegram, or letter within 72 hours of Emergent condition.

Prosthetics, Vision & Hearing Benefits 38 CFR 17.149-17.154

General:

VAMC provides a variety of special services to disabled veterans requiring the use of prosthetic devices, medical accessories and similar appliances, corrective lenses, hearing aids, invalid lifts, guide dogs, and training in the proper use of any VA furnish equipment. Benefits are available to veterans with both service-connected and non-service-connected disabilities, although the eligibility requirements may differ between applicants with a service-connected disability and those with non-service-connected ones.

These benefits may all be furnished as a necessary part of any medical care, VAMC inpatient, or outpatient, which the veteran is eligible to receive and is receiving. The applicant must be enrolled with the VA Health Care System and assigned to a VAMC Primary Care Team. Once issued such appliances or devices may be repaired or replaced by VA, as necessary. All such items are provided by the PROSTHETICS AND SENSORY AIDS SERVICE at the VAMC that have jurisdiction for the veteran, upon application and determination of feasibility and need. This will usually be based upon written order or request from the veteran's Primary Care Physician; or upon written request by a private physician in certain cases.

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Hearing Aids (CFR 17.149, 17.150, 17.153, & 17.154):

Veterans may be eligible for an audiology exam and fitting for hearing aids who are service-connected for hearing loss, former POW, receiving benefits under 38 CFR U.S.C. 1151, receiving Pension based on the need for regular Aid & Attendance or by reason of being permanently Housebound, have a hearing loss as secondary to another service-connected disability or as a result of treatment for another condition, and in certain instances where a veteran's daily activities are so impaired by the hearing loss as to affect their ability to assist in their own medical care. The VA may also provide tele-captioning television devices and similar equipment if warranted to overcome deafness if the veteran is 80% SC or more.

Vision Care (CFR 17.149, 17.150, 17.153, & 17.154):

Veterans may be eligible to receive vision exams, corrective lenses (contacts or glasses), and specialized mechanical/electronic equipment necessary to overcome the disability, guide dogs, and training in their proper use. VA will also provide the period of adjustment to the guide dog, including the expenses of travel, food and lodging if the veteran is required to be away from their usual place of residence during this period of adjustment. The eligibility requirements are similar to those for hearing loss.

Prosthetics and Similar Appliances (CFR 17.149-17.151 & 17.153):

Appliances and devices available include, but are not limited to: artificial limbs, braces, orthopedic shoes, wheelchairs, invalid lifts, hospital type beds and attachments, bedside toilets, and various other items as determined medically necessary by a VA physician. The VA will provide invalid lifts for certain veterans who have been determined to be in need of regular Aid and Attendance, whether for a service-connected condition or pension. The qualifying disability on which such need is based is anatomical loss or loss of use of both lower extremities, plus the loss or loss of use of at least one upper extremity, together with a medical determination that as a result, the veteran is incapable of transferring from the bed to a wheelchair or back without the aid of an attendant, and a lift is a feasible means for accomplishing such transfers. In addition, the veteran may be furnished other therapeutic and rehabilitative devices, including medical equipment and supplies (but not medications), which are determined to be medically necessary. There are differences in the eligibility requirements for veterans with service-connected and non-service-connected disabilities (See 38 CFR 17.150 for details).

How to File:

- A. All bills, vouchers, invoices, or receipts or other documentary evidence establishing that such amount was paid.
- B. Emergency room reports
- C. An explanation of the circumstances necessitating the use of private emergent medical care.

Submit to: VA Medical Center (006N)
Fee Services
1970 Roanoke Blvd.
Salem, VA 24153

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Phone number for North Carolina 1-800-936-7540

How to use VA Pharmacy to file non-VA prescriptions Fee Basis I.D. Card Participant:

- A. Veterans being treated by private physicians at VA expense on Fee Basis.
- B. Must send prescriptions to: Department of Veterans Affairs (119Q)
Outpatient Clinic, Pharmacy Service
1601 Brenner Avenue
Salisbury, NC 28144
- C. Mail-out pharmacy will substitute with Generic Drugs where medically feasible.

How to obtain reimbursement, for prescriptions filled at non-VA Pharmacies for Fee Basis Medical I.D. Cared participants:

- A. Acute Illnesses-One Time Basis
- B. Veteran needs to submit an itemized receipt and should include:
 - 1. Veterans name, social security number/file number, and mailing address.
 - 2. Date prescription was provided
 - 3. Name, strength, and quantity of each drug along with amount paid
 - 4. Prescription number of drug
 - 5. Name and address of pharmacy
 - 6. Name and address of prescribing physician
 - 7. Receipted statement marked paid
 - 8. Certification by the prescribing physician with the statement that "This medication order is needed immediately for the patient's disability which the VA has authorized me to treat".
- C. Mail to: VA Medical Center (006N)
Fee Services
1970 Roanoke Blvd.
Salem, VA 24153
Phone number for North Carolina 1-800-936-7540

Note: For Emergent 10-day supply of new prescriptions call this number in advance:
1-877-354-5196

Eligibility and How to File an Unauthorized Private Hospitalization Claim:

- A. Notification after 72 hours of emergent private hospitalization
- B. Emergent service-connected condition
- C. If veteran is rated 100% permanent and totally disabled due to a service-connected disability for any emergent condition.
- D. VA facilities were not available.

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How to File:

1. Emergency room report, if any
2. Hospital admission notes, history, and physical report
3. Physician's daily progress notes
4. Hospital discharge summary
5. VA Form 10-583 completed by each provider or care.
6. VA Form 10-583 from veteran requesting reimbursement with itemized invoices showing any balance due (to include payments made by Medicare, insurance, or veteran).

Mail completed claims to: VA Medical Center (006N)
Fee Services
1970 Roanoke Blvd.
Salem, VA 24153

Phone number for North Carolina 1-800-936-7540

***Note:** Remember payment will only be made to the date when the veteran's condition improved to the point that the patient could be safely transferred to a VA Medical Center

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Review Questions: VA Medical Care

Using the assigned references and reading materials, answer the following questions:

1. Access to VA Medical facilities is strictly limited to only veterans. 10-1
 - a. True
 - b. False
2. With certain exceptions, veterans who apply for health care from VA will be assigned to one of _____ groups to determine priority of routine care. 10-1
 - a. Four (4)
 - b. Six (6)
 - c. Eight (8)
 - d. Ten (10)
3. Which priority groups are required to make a co-payment in order to receive health care from a VA medical facility? _____ 10-3
4. If a VA medical facility is not reasonably available, veterans with service-connected disabilities may request to be treated by their own private physicians, at VA expense. 10-18
 - a. True
 - b. False
5. If a veteran requires emergency hospitalization at a non-VA facility for a service-connected condition, VA will reimburse the unauthorized costs of hospitalization, provided that: 10-18
 - a. VA is notified within 72 hour of admission
 - b. The condition is rated at least 50% disabling
 - c. The veteran certifies that he or she is unable to defray the cost of the care.
 - d. All of the above
6. VA will reimburse the cost of unauthorized expenses for a non-service-connected condition only if: 10-18
 - a. It was a medical emergency and enrolled veteran has no means by which to pay for care.
 - b. The veteran is rated totally disabled by service-connected disability.
 - c. The veteran is training under Vocational Rehabilitation and the treatment is required for the veteran to be able to continue training.
 - d. All of the above
7. VA will authorize travel pay for certain veterans who must travel to a VA medical facility for examination or treatment. This travel pay is subject to a deductible provision, except for those veterans who: 10-9
 - a. Are required to report for a Compensation & Pension examination.
 - b. Are rated 30% or more for the service-connected condition being treated.
 - c. Are in receipt of VA non-service-connected disability pension.

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- d. Are over age 65.
8. A former Prisoner of War is entitled to any and all necessary dental care by VA or at VA expense regardless of the length of captivity. 10- 7
- a. True
 - b. False
9. Eligibility for blind rehabilitation services required that the veteran loss of vision be due to service- connected causes. 10-10, 10-16
- a. True
 - b. False
10. If VA places a veteran into a civilian nursing home under contract as VA beneficiary, the usual length of the contract is: 10-11
- a. 90 days
 - b. Six (6) months
 - c. One year
 - d. There is no time limit for the contract
11. To qualify for issuance of prosthetic appliance from VA, the veteran must be service-connected for the disability for which the appliance is required. 10-10, 10-17
- a. True
 - b. False
12. The Department of Veterans Affairs will issue an invalid lift for a veteran's use provided: 10-17
- a. The veteran has anatomical loss or loss of use of both lower extremities and at least one upper extremity.
 - b. The veteran is entitled to additional rates of special monthly compensation or special monthly pension because of being in need of regular aid and attendance.
 - c. The veteran is unable to transfer from bed to wheelchair and back again without the aid of an attendant.
 - d. All of the above
13. The Department of Veterans Affairs will issue hearing aids as needed to a veteran who is service- connected for hearing loss, regardless of the rated percentage of disability. To qualify for other assistive devices to help overcome deafness, the service-connected hearing loss must be rated: 10-16
- a. 40% or more
 - b. 60% or more
 - c. 80% or more
 - d. 100%

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14. A veteran rated at 10% service-connected for hypertension is entitled to hearing aids and glasses. 10-15
- a. True
 - b. False
15. A veteran who is seeking VA Pharmacy filled prescriptions for a non-service-connected disability can obtain a 90 day supply by providing an original prescription form completed by a private physician without undergoing an examination by a VA physician. 10-12, 10-13
- a. True
 - b. False
16. The VA shall provide nursing home care to: 10-11
- a. Any veteran in need of such care for a service-connected disability
 - b. Any veteran in need of such care and who has a service-connected disability rated at 70% or more.
 - c. Any veteran in need of such care for non-service-connected disability, and who has a service- connected rated at 50%
 - d. A & B only
 - e. All of the above
17. A veteran assigned to Priority Group 7 agrees to make a co-payment for VAMC services. The VA determines the appropriate co-payment based on the financial information provided on the VA Form 10- 10EZ and bills such services to: 10-1, 10-7
- a. The veteran
 - b. Medicare
 - c. Private Health Insurance
 - d. Both A & C

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FORMS

MEDICAL BENEFITS

VA Form 10-10 EZ – Application for Health Benefits

VA Form 10-583 – Claim for Payment of Cost of Unauthorized Medical Services



Department of Veterans Affairs

APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME (Last, First, Middle Name) Doe, John E.		2. OTHER NAMES USED		3. MOTHER'S MAIDEN NAME Jones		4. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. WHAT IS YOUR RACE? (You may check more than one.) (Information is required for statistical purposes only.) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. SOCIAL SECURITY NUMBER 123-45-6789		9. DATE OF BIRTH (mm/dd/yyyy) 04/1/1980			10. RELIGION		
8. CLAIM NUMBER CSS		9A. PLACE OF BIRTH (City and State) Raleigh, NC, US					
11. PERMANENT ADDRESS (Street) 100 Veteran Avenue			11A. CITY Raleigh		11B. STATE NC	11C. ZIP CODE (9 digits) 27999	
11D. COUNTY Wake		11E. HOME TELEPHONE NUMBER (Include area code) (919) 777-4321			11F. E-MAIL ADDRESS		
11G. CELLULAR TELEPHONE NUMBER (Include area code)				11H. PAGER NUMBER (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR (You may check more than one) <input checked="" type="checkbox"/> HEALTH SERVICES <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> DENTAL							
13. IF APPLYING FOR HEALTH SERVICES OR ENROLLMENT, WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? Durham VAMC							
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO I am only enrolling in case I need care in the future.				15. HAVE YOU BEEN SEEN AT A VA HEALTH CARE FACILITY? <input type="checkbox"/> YES, LOCATION: <input checked="" type="checkbox"/> NO			
16. CURRENT MARITAL STATUS (Check one) <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN							
17. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN Jane Doe 100 Veteran Avenue Raleigh, NC 27999				17A. NEXT OF KIN'S HOME TELEPHONE NUMBER (Include area code) (919) 777-4321			
				17B. NEXT OF KIN'S WORK TELEPHONE NUMBER (Include area code) (919) 888-1234			
18. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT SAME				18A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER (Include area code)			
				18B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER (Include area code)			
19. INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH. NOTE: THIS DOES NOT CONSTITUTE A WILL OR TRANSFER OF TITLE (Check one) <input type="checkbox"/> EMERGENCY CONTACT <input checked="" type="checkbox"/> NEXT OF KIN							

APPLICATION FOR HEALTH BENEFITS, Continued		VETERAN'S NAME (Last, First, Middle) Doe, John E.		SOCIAL SECURITY NUMBER 123-45-6789	
SECTION II - INSURANCE INFORMATION (Use a separate sheet for additional information)					
1. ARE YOU COVERED BY HEALTH INSURANCE? (Including coverage through a spouse or another person) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2. HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER			
3. NAME OF POLICY HOLDER					
4. POLICY NUMBER	5. GROUP CODE				
		YES	NO		
6. ARE YOU ELIGIBLE FOR MEDICAID?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	7A. EFFECTIVE DATE (mm/dd/yyyy)	
8. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8A. EFFECTIVE DATE (mm/dd/yyyy)	
9. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD			10. MEDICARE CLAIM NUMBER		
11. IS NEED FOR CARE DUE TO ON THE JOB INJURY? (Check one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. IS NEED FOR CARE DUE TO ACCIDENT? (Check One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SECTION III - EMPLOYMENT INFORMATION					
1. VETERAN'S EMPLOYMENT STATUS (Check one) <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED If employed or retired, complete item 1A <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)			1A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER Telephone:		
2. SPOUSE'S EMPLOYMENT STATUS (Check one) <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED If employed or retired, complete item 2A <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)			2A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER		
SECTION IV - MILITARY SERVICE INFORMATION					
1. LAST BRANCH OF SERVICE Army	1A. LAST ENTRY DATE 04/15/1998	1B. LAST DISCHARGE DATE 12/30/2004	1C. DISCHARGE TYPE Honorable	1D. MILITARY SERVICE NUMBER 123-45-6789	
2. CHECK YES OR NO		YES	NO	YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	E1. ARE YOU RECEIVING DISABILITY RETIREMENT PAY INSTEAD OF VA COMPENSATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. ARE YOU A FORMER PRISONER OF WAR?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	F. DO YOU NEED CARE OF CONDITIONS POTENTIALLY RELATED TO SERVICE IN SW ASIA DURING THE GULF WAR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. DO YOU HAVE A VA SERVICE-CONNECTED RATING?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. WERE YOU EXPOSED TO AGENT ORANGE WHILE SERVING IN VIETNAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C1. IF YES, WHAT IS YOUR RATED PERCENTAGE? 50 %				H. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D. DID YOU SERVE IN COMBAT AFTER 11/11/1998?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E. WAS YOUR DISCHARGE FROM MILITARY FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	J. DO YOU HAVE A SPINAL CORD INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION V - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION					
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p> <p>Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. 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. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. 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 health care 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.</p>					

