

**REQUEST FOR VA BILLING**  
**FOR CARE RELATED TO PERSONAL INJURY OR WORKERS COMPENSATION**


**INSTRUCTIONS - Visit [www.va.gov/ogc/collections.asp](http://www.va.gov/ogc/collections.asp) for the most up to date form prior to use.**

- Complete the information for VA to process your request.**  
 Failure to submit complete information may result in significant delays in processing your request.  
 Attorney's Letter of Representation. If requested by, or on behalf of, a law firm/lawyer representing a party (includes record retrieval company for a law firm), send a letter of representation with your request.
- Click Print or Save using the Buttons displayed in Yellow at bottom of second page.**
- Select each VA Hospital that provided or paid for care to see the fax number to send the request.**

Select the location(s) where accident-related care was provided from the drop down lists below. Locations listed are the locations of VA Hospitals. If care was provided at a VA clinic or a non-VA provider whose exact location is not listed below, choose the location closest to where the care was provided. If more than three VA Hospitals provided or paid for care, use an additional form. Requests must be faxed or mailed to all VA Hospitals that provided or paid for care in order for VA to produce billing for all related treatment. *If unable to Fax, the mailing address for each location selected will be displayed at bottom of second page.*

Select

Location:

Click inside red box to select location 

**VETERAN AND INJURY DESCRIPTION**

Veteran's Name (Last, First, Middle Initial)	
Veteran's Full Social Security Number	
Veteran's Mailing Address	
Veteran's Phone	
Describe Incident Resulting In Injury (Include Date and Location)	
Describe IN DETAIL Injuries Sustained / Nature of Disease <b>DESCRIPTION MUST BE SPECIFIC</b>	
List all <u>VA Facilities</u> Where Related Treatment Was Received	
If Related Treatment was provided at a <u>Non-VA Facility</u> , List all non-VA Providers	
Is Treatment Complete?	
If No, Describe Nature and Location of Ongoing Treatment	
Name of Veteran's Attorney	
Veteran's Attorney's Phone	
Veteran's Attorney's Mailing Address	
Veteran's Attorney's Email Address	
Veteran's Attorney's Fax	

**VETERAN'S INSURANCE - USE MULTIPLE SHEETS FOR MORE THAN ONE INSURER**

Identify Applicable Insurers & Type <i>Examples: No Fault Insurance, Medical Payments from Veteran's Liability Insurance, Under-/Un-insured Motorist Insurance</i>	
Insurer's Mailing Address	
Insurer's Phone	
Insurer's Fax	
Insurer's Email	
Insurance Adjuster and Claim#	
Insurance POLICY LIMITS Description	

**RESPONSIBLE PARTY (DEFENDANT) - USE MULTIPLE SHEETS FOR MORE THAN ONE PARTY**

Name and contact information for Tortfeasor / Employer if Workers Compensation	
Name and contact information for Attorney representing Tortfeasor / Employer if Workers Compensation	
Identify Tortfeasor/Workers' Compensation Insurer	
Insurer's Mailing Address	
Insurer's Phone	
Insurer's Email	
Insurer's Fax	
Insurance Adjuster and Claim #	
Insurance POLICY LIMITS Description	
<i>Only if Workers' Compensation:</i> Name, Address, and Reference # for Workers' Compensation Board/Commission	

Privacy Act: The authority for collection of the requested information is found within the following: 38 USC 501, 38 CFR 1.900 et. Seq.; 42 USC 2651-2653; 38 USC 1729; 28 CFR 43.2; and E.O. 9397. The purpose of collecting this information is to provide basic information from which potential liability can be assessed for VA to recover the cost of care from the liable party instead of the American taxpayer and Veteran paying for the care. Failure to provide any or all of the requested information may delay or result in VA's inability to create accident-related billing, assert a claim for reimbursement, and assist the Veteran in their personal injury or workers compensation claim. Without a third party paying for the care, the Veteran may owe VA copayments. Information on this form will become part of a system of records which complies with the Privacy Act of 1974. This system is identified as "Revenue Program Billing and Collections Records-VA (114VA16)" as set forth in the Compilation of Privacy Act Issuances via online GPO access. Assurances of privacy for information on this form which is covered under 38 USC 7332 are contained within that statute.