Understanding Your VA Patient Statement

A guide to information found on your Department of Veterans Affairs statement

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

The Department of Veterans Affairs Redesigned Your Patient Statement

Your statement is now easier to read and understand.

A. Address for all VA mail, except payments

B. **Account number, include with all payments**

C. **Payment options**

D. Payments and services received after this date will appear on next month's statement

E. Balance from last month's statement

F. Amount paid by you and/or your insurance company

G. New charges to statement

H. **To prevent late fees, pay by this date**

I. **Balance due**

J. Medication name & date filled

K. Refer to "K" number when asking about a charge on your statement

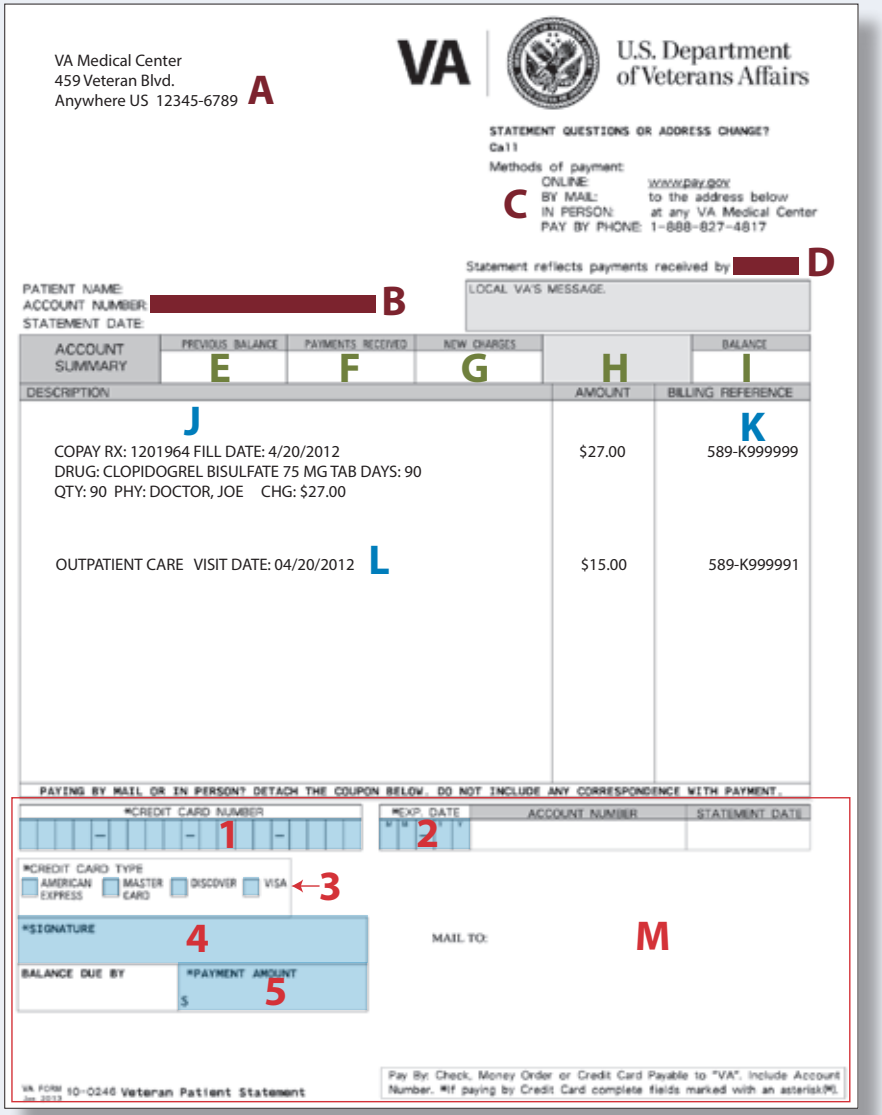
L. $15 - Basic Care; $50 - Specialty Care (eyes, heart, hearing, etc.). Inpatient charges change yearly

The bottom portion of the statement is your payment coupon. Detach and fill in all information and mail, along with your check (unless paying by credit card) using the enclosed envelope. Please do not include letters, notes or other material.

Missing information will delay your payment posting.

M. If paying by credit card, the following is required:

1. Card Number
2. Expiration Date
3. Type of Card
4. Signature
5. Payment Amount



VA Medical Center
459 Veteran Blvd.
Anywhere US 12345-6789 A

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STATEMENT QUESTIONS OR ADDRESS CHANGE?
Call
Methods of payment:
C ONLINE: www.pay.gov
BY MAIL: to the address below
IN PERSON: at any VA Medical Center
PAY BY PHONE: 1-888-827-4817

Statement reflects payments received by [redacted] D

PATIENT NAME:
ACCOUNT NUMBER: [redacted] B
STATEMENT DATE:

LOCAL VA'S MESSAGE:

ACCOUNT SUMMARY	PREVIOUS BALANCE	PAYMENTS RECEIVED	NEW CHARGES		BALANCE
	E	F	G	H	I

DESCRIPTION	AMOUNT	BILLING REFERENCE
J		K
COPAY RX: 1201964 FILL DATE: 4/20/2012 DRUG: CLOPIDOGREL BISULFATE 75 MG TAB DAYS: 90 QTY: 90 PHY: DOCTOR, JOE CHG: $27.00	$27.00	589-K999999
OUTPATIENT CARE VISIT DATE: 04/20/2012 L	$15.00	589-K999991

PAYING BY MAIL OR IN PERSON? DETACH THE COUPON BELOW. DO NOT INCLUDE ANY CORRESPONDENCE WITH PAYMENT.

*CREDIT CARD NUMBER 1
*EXP. DATE 2
ACCOUNT NUMBER
STATEMENT DATE

*CREDIT CARD TYPE
AMERICAN EXPRESS MASTER CARD DISCOVER VISA ←3

*SIGNATURE 4

BALANCE DUE BY
*PAYMENT AMOUNT $ 5

MAIL TO: M

VA FORM 10-0246 Veteran Patient Statement

Pay By: Check, Money Order or Credit Card Payable to "VA". Include Account Number. *If paying by Credit Card complete fields marked with an asterisk(*).

02/2013

To pay your bill online, visit ***www.pay.gov***