submitted by the pharmacy or by you:

- An invoice/billing statement that includes:
  - Name, address, and phone number of the pharmacy
  - Name of prescribing physician
  - Name, strength, quantity for each drug
  - National Drug Code for each drug
  - Charge for each drug
  - Date prescription was filled
- If the billing is submitted by you, also provide the sales receipt (cash register receipt) with the date and dollar amount that corresponds to the date and dollar amount on the pharmacy invoice/ billing statement, or a signed statement from the pharmacy noting the date and amount of payment.

Where to Mail Claims

Mail claims to:

VA Health
Administration Center
CHAMPVA
PO Box 65024
Denver, CO 80206-9024

Filing Deadlines

You have one year after the date of service in which to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the filing deadline will be denied.

How to Get Additional Claim Forms

Additional claim forms can be requested at any time (including evenings and weekends) by calling us at 1-800-733-8387 and selecting the claim form option from our voice-mail menu. You can also e-mail your request to us at **hac.inq@med.va.gov**, or print a copy of the claim form from our website at **www.va.gov/hac**

Department of Veterans Affairs
Health Administration Center
CHAMPVA
PO Box 65023
Denver CO 80206-9023

OFFICIAL BUSINESS

600905

Department of Veterans Affairs
Health Administration Center
CHAMPVA

How to File a CHAMPVA Claim

CHAMPVA

Claim Filing Instructions

General Claim Filing Instructions

Claims (bills for services) are to be sent to CHAMPVA, PO Box 65024, Denver, CO 80206-9024.

- Your name must be listed on the claim form exactly as it is on the CHAMPVA Authorization Card.
- Your Social Security number must be on the claim. DO NOT USE the veteran's Social Security number.
- If you have other health insurance (OHI), include a copy of the OHI explanation of benefits.
- Keep copies of all receipts, invoices, etc.
- Separate claim forms are required for each patient/ beneficiary.
- If you do not complete CHAMPVA Claim Form 10-7959a, payment will be made directly to the health care provider instead of to you.
- For inpatient hospitalizations, payment will always be made to the hospital whether or not you submit the billing.
- After billing your other health insurance, you can file with CHAMPVA for the remaining balance.

Claims Submitted by the Beneficiary

Claims submitted by you must include the following:

- CHAMPVA Claim Form, VA Form 10-7959a,
- the provider's itemized billing statement to include all information listed under *Claims Submitted by the Provider*, and
- explanation of benefits (EOB) if other insurance was billed.

Claims Submitted by the Provider

Claims submitted by the provider must include the following:

- An itemized billing statement. This can be submitted on a HCFA 1500 form or UB-92 form. The following information must be provided:
  - Full name, address, and tax identification number of the provider.
  - Address where payment is to be sent.
  - Address where services were provided.
  - Provider professional status (doctor, nurse, physician assistant, etc.).
  - Specific date of each service provided. Date ranges are acceptable only when they match the number of services/units of services.
  - Itemized charges for each service.
  - Appropriate code (ICD-9, CPT, HCPCS) for each service.
- If other health insurance was billed, provide a copy of their explanation of benefits detailing what they paid. Sometimes the definition/ explanation of their codes is on the reverse of their explanation of benefits (please include a copy of that as well).

Pharmacy Claims

Most pharmacies submit claims to CHAMPVA electronically. The following information is required for pharmacy claims regardless of whether submitted electronically or on paper and regardless of whether