



DEPARTMENT OF VETERANS AFFAIRS

Letter Generation Date:

Refusal of Transfer to VA Health Care Facility

Admission Date:

Last 4 digits of SSN:

Non-VA Facility:

I have been offered transfer to a VA health care facility, and I have elected not to transfer. Initialing each statement below indicates that I have read and acknowledged each statement:

I acknowledge that efforts have been made for my transfer to a VA health care facility, and I have been advised of the risks and benefits of transfer.

I understand I may be responsible for any charges incurred from the date of my refusal to transfer to a VA health care facility (or other federal facility that VA has an agreement with to furnish health care services for Veterans) for continuation of treatment until discharge.

I elect to continue my health care treatment at this "Non VA Facility" at My OWN EXPENSE and to not use VA benefits (38 U.S.C. 1703, 1725, or 1728).

Reason for refusal to transfer:

Print Veteran's Full Name: Date: Time:

Veteran's Signature:

Veteran is unable to sign

Signature of spouse, significant other, or POA/legal surrogate if the Veteran is unable to sign.

Date: Time:

Print Name: Relationship

Veteran has been advised of this information above and has refused to sign

Form instructions: Please provide this form to the Veteran/legal surrogate to complete. Please witness patient signature and/or refusal to sign and fax completed form to the number listed above.

Witness Signature Date:

Witness Title: Time:

Please contact Non VA Medical Care office if you or the Veteran have any questions.

Print Name/Signature

Telephone