

Request for VA Billing Personal Injury Case

Veteran's Name (Last, First, Middle Initial)

Full Social Security Number

Veteran's Mailing Address & Phone Number

Detailed Description of Incident Resulting In Injury: Include Date and Location

Injuries Sustained / Nature of Disease

Names of VA Facilities Where Related Treatment Was Received

If You Have Received Related Treatment at a Non-VA Facility, Please List Providers

Name of Veteran's Attorney

Phone

Mailing Address

Fax

VETERAN'S INSURANCE POLICY INFORMATION

Identify Applicable Insurers & Type *Examples: No Fault Insurance, Medical Payments from Veteran's Liability Insurance, Under-/Un-insured Motorist Insurance* Phone

Mailing Address

Fax

Adjuster and Claim#

POLICY LIMITS Description

RESPONSIBLE PARTY'S INFORMATION

Identify Tortfeasor and their Insurer

Phone

Mailing Address

Fax

Adjuster and Claim#

POLICY LIMITS Description

Defense Counsel, If Known

Phone

Mailing Address

Fax

VA is entitled to recover reimbursement of the cost of medical care provided or paid for by VA from a tortfeasor, and any applicable insurer, for care related to personal injury under 42 U.S.C. §2651 et seq., and from a VA beneficiaries' own insurance policy for medical payments, a workers compensation plan, an auto reparation plan, among others, under 38 U.S.C. §1729.