



# How to File a Foreign Medical Program (FMP) Claim

## What information is needed when submitting a claim?

All FMP claims should include the patient's full name, Social Security number, VA File Number, mailing address and a [VA Form 10-7959f-2](#), FMP Claim Cover Sheet. Additional documentation may be necessary depending on the type of claim.

### Additional information needed for an inpatient claim:

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Discharge summary
- Operation report, if an operation was performed
- Itemized statement of the charges
- Narrative description of the service provided

### Additional information needed for an outpatient claim (i.e. doctor's office visit, therapist visit, etc.):

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Diagnosis treated
- Billed charge and date(s) for each service

### Additional information needed for rehab devices, equipment or supply claims:

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Physician's prescription to include:
  - name and detailed description of the item
  - diagnosis for which the item is prescribed
  - expected medical benefit and duration of need
  - justification for non-standard features or modifications

### Additional information needed for a prescription claim:

- Full name, address and phone number of pharmacy
- Copy of the prescription to include:
  - name of medication
  - dosage, strength and quantity
  - diagnosis for which the medication is prescribed
- Date(s) of service

## What about claims/documents requiring translation?

FMP will translate any documents received that require this service.

## How do I get more information?

Mail: Veterans Health Administration  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061

Phone: 303-331-7590, Monday-Friday  
8:05 a.m. to 6:45 p.m., Eastern Time

Fax: 303-331-7807

Email: [HAC.FMP@va.gov](mailto:HAC.FMP@va.gov)

Website: [Foreign Medical Program](#)