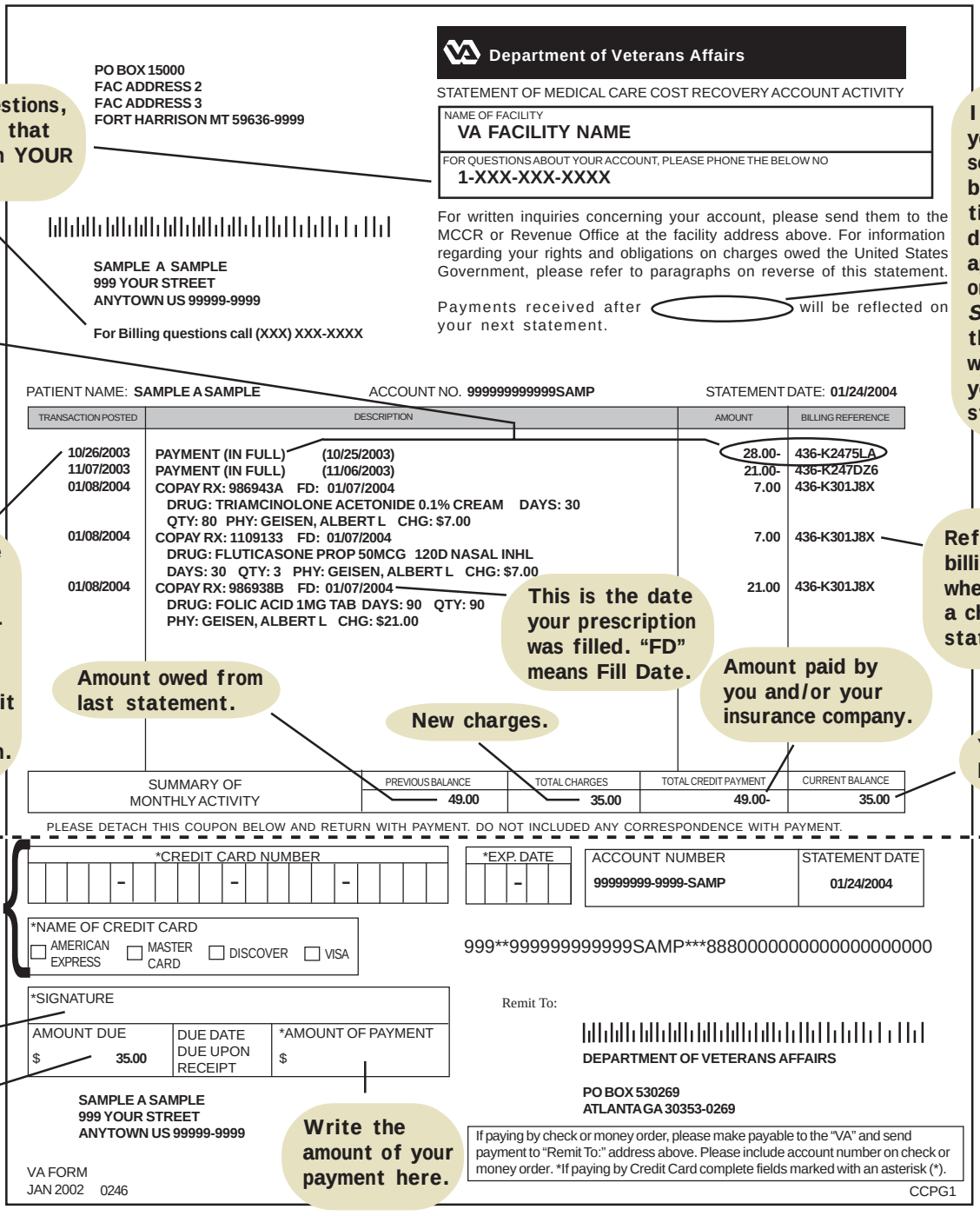
VA HEALTH CARE

UNDERSTANDING YOUR VA BILLING STATEMENT

This sample billing statement explains the various items contained in your monthly billing statement. Please take a moment to review it and keep it handy for future reference.



If you have questions, call the number that appears here on YOUR statement.

PO BOX 15000
FAC ADDRESS 2
FAC ADDRESS 3
FORT HARRISON MT 59636-9999

Department of Veterans Affairs

STATEMENT OF MEDICAL CARE COST RECOVERY ACCOUNT ACTIVITY

NAME OF FACILITY
VA FACILITY NAME

FOR QUESTIONS ABOUT YOUR ACCOUNT, PLEASE PHONE THE BELOW NO
1-XXX-XXX-XXXX

For written inquiries concerning your account, please send them to the MCCR or Revenue Office at the facility address above. For information regarding your rights and obligations on charges owed the United States Government, please refer to paragraphs on reverse of this statement.

Payments received after ( ) will be reflected on your next statement.

If you sent your payment seven days before or any time after the date that appears *HERE* on *YOUR STATEMENT*, the payment will show on your next statement.

SAMPLE A SAMPLE
999 YOUR STREET
ANYTOWN US 99999-9999

For Billing questions call (XXX) XXX-XXXX

This means this individual bill is paid in full. You may still owe a balance on other bills.

PATIENT NAME: **SAMPLE A SAMPLE** ACCOUNT NO. **999999999999SAMP** STATEMENT DATE: **01/24/2004**

TRANSACTION POSTED	DESCRIPTION	AMOUNT	BILLING REFERENCE
10/26/2003	PAYMENT (IN FULL) (10/25/2003)	28.00-	436-K2475LA
11/07/2003	PAYMENT (IN FULL) (11/06/2003)	21.00-	436-K247DZ6
01/08/2004	COPAY RX: 986943A FD: 01/07/2004 DRUG: TRIAMCINOLONE ACETONIDE 0.1% CREAM DAYS: 30 QTY: 80 PHY: GEISEN, ALBERT L CHG: $7.00	7.00	436-K301J8X
01/08/2004	COPAY RX: 1109133 FD: 01/07/2004 DRUG: FLUTICASONE PROP 50MCG 120D NASAL INHL DAYS: 30 QTY: 3 PHY: GEISEN, ALBERT L CHG: $7.00	7.00	436-K301J8X
01/08/2004	COPAY RX: 986938B FD: 01/07/2004 DRUG: FOLIC ACID 1MG TAB DAYS: 90 QTY: 90 PHY: GEISEN, ALBERT L CHG: $21.00	21.00	436-K301J8X

This is the date the charge or payment was credited to your account—NOT necessarily the date of your visit or fill date of your prescription.

This is the date your prescription was filled. "FD" means Fill Date.

Refer to these billing numbers when asking about a charge on your statement.

Amount owed from last statement.

New charges.

Amount paid by you and/or your insurance company.

Your new balance.

SUMMARY OF MONTHLY ACTIVITY	PREVIOUS BALANCE	TOTAL CHARGES	TOTAL CREDIT PAYMENT	CURRENT BALANCE
	49.00	35.00	49.00-	35.00

PLEASE DETACH THIS COUPON BELOW AND RETURN WITH PAYMENT. DO NOT INCLUDED ANY CORRESPONDENCE WITH PAYMENT.

If paying by *CREDIT CARD*, write your card number, expiration date, type of card, and *SIGN* here.

*CREDIT CARD NUMBER ____ - ____ - ____ - ____

*EXP. DATE ___ - ___

ACCOUNT NUMBER	STATEMENT DATE
99999999-9999-SAMP	01/24/2004

*NAME OF CREDIT CARD
☐ AMERICAN EXPRESS ☐ MASTER CARD ☐ DISCOVER ☐ VISA

999**999999999999SAMP***8880000000000000000000

*SIGNATURE

AMOUNT DUE	DUE DATE DUE UPON RECEIPT	*AMOUNT OF PAYMENT
$ 35.00		$

Amount now owed.

Write the amount of your payment here.

Remit To:

DEPARTMENT OF VETERANS AFFAIRS

PO BOX 530269
ATLANTA GA 30353-0269

SAMPLE A SAMPLE
999 YOUR STREET
ANYTOWN US 99999-9999

If paying by check or money order, please make payable to the "VA" and send payment to "Remit To:" address above. Please include account number on check or money order. *If paying by Credit Card complete fields marked with an asterisk (*).

VA FORM
JAN 2002 0246

CCPG1

This bottom portion of the statement is your payment coupon (detach along the dotted line). Fill in the information asked and mail along with your check (unless paying by a credit card) using the enclosed envelope. Please do not enclose letters, notes, or other material.