



Department of Veterans Affairs

**AUTHORIZATION AND INVOICE FOR MEDICAL AND
HOSPITAL SERVICES**

This information is collected under the authority of Title 38 1703, 1725 and 1728. In accordance with section 3507 of the **Paperwork Reduction Act** of 1995, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this invoice will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The purpose of this form is to authorize medical treatment and provide a means to bill for this service although private providers may also use local billing forms or UB (Uniform Billing) Forms 92. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

1A. DATE OF ISSUE (mm/dd/yyyy)	1B. ISSUING OFFICE	1C. DATE OF ISSUE (Month, day, year)
2. NAME OF PHYSICIAN OR FACILITY		1D. VETERAN'S NAME (First, middle initial, last) <i>(This is a mandatory field.)</i>
		3. VETERAN'S CLAIM NUMBER
		C-
		4. SOCIAL SECURITY NUMBER
		5. AUTHORIZATION VALID
		FROM TO
		(mm/dd/yyyy) (mm/dd/yyyy)

PART I - SERVICES AUTHORIZED

7. FEE

6. SERVICES SHOWN BELOW AUTHORIZED FOR PERIOD INDICATED IN ITEM 5 ABOVE. (See special provisions on back of form.)	\$

8. FEE SCHEDULE OR CONTRACT	9. AUTHORITY	9A.	10. ESTIMATED AMOUNT
11. FISCAL SYMBOLS	12. AUTHORIZED BY (Name and Title)		
36 0160.001			

PART II - INVOICE

13. DATE(S) OF SERVICE	14. DESCRIPTION OF SERVICE (If services furnished are identical to those authorized, enter the remark "As Authorized Above" in this column. Otherwise, itemize services.)	15. FEE CLAIMED AMOUNT
MONTH DAY YEAR	SERVICE FURNISHED	
		\$
15A. SOCIAL SECURITY NO OR EMPLOYER ID NO	Individual or organization furnishing service, enter billing date and amount claimed. (Continue billing on back if necessary.)	16. BILLING DATE (mm/dd/yyyy)
		17. TOTAL CLAIMED
		\$

PART III - FOR VA USE ONLY

ADMINISTRATIVE CERTIFICATION Payment of this will not cause payee to exceed maximum amount allowed. Services have been furnished as authorized or medically approved except as stated below.	AUDIT BLOCK		
	AMOUNT DUE	DATE	VOUCHER AUDITOR
	\$		
	REMARKS		
SIGNATURE AND TITLE	DATE		

PART IV - ACCOUNTING BLOCK

ION PAT NO	TC & SC	CPF	LIQ	AMT	1ST SA	\$	DATE/INITIALS
					2ND SA	\$	

PART II - INVOICE (Continued)	
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[illegible]

<p>▶ Please enter total shown in 17A. Enter this total in 17on front of form also.</p>	<p>16. BILLING DATE</p> <div data-bbox="774 1346 980 1348" style="border: 1px solid black; height: 20px;"></div>	<p>▶ 17A. TOTAL CLAIMED</p>	<p>\$ <div data-bbox="1365 1346 1455 1348" style="border: 1px solid black; width: 60px; height: 20px;"></div></p>
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SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:

- * ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.
- * Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.
- * Payment by VA is payment in full for authorized services rendered.
- * Unless otherwise approved by VA, services are limited in type and extent to those shown on the authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.
- * A copy of the Operative Report will be forwarded to the authorizing facility within 1 week following any major surgery.
- * A copy of the hospital summary will be forwarded to the authorizing facility within 10 work days following the release of the patient from the hospital.

All questions relating to this authorization should be referred to the issuing VA Facility.