

Veterans Healthcare Benefits Handbook

READER PLEASE NOTE: The Appedix and listings for VA Facilities in the back of this handbook are the for Upstate New York VA Center area only. All other information is national.

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Priority Groups and You

Once your eligibility status has been determined, you will be assigned to a priority group.

Congress requires VA to manage the health care system using seven priority groups. These priority groups determine who will be eligible to receive health care benefits each year.

VA receives funding for the health care system from the federal budget and other resources (e.g. health insurance policy collections). The sum of available funds is compared to the number of veterans who use the health care system. Veterans classified in the higher priority groups (e.g. priority groups 1 - 5) will be provided priority consideration to receive health care benefits. Veterans classified in the lower priority groups (e.g. priority groups 6 and 7) are at a lower priority for consideration.

The priority groups determined by Congress are as follows:

Priority Group 1

- Veterans with service connected disabilities rated 50% or more disabling.

Priority Group 2

- Veterans with service connected disabilities rated 30% - 40% disabling.

Priority Group 3

- Veterans who are former POWs.
- Veterans discharged for a disability that was incurred or aggravated in the line of duty.
- Veterans with service connected disabilities rated 10% - 20% disabling.
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."
- Veterans who are Purple Heart recipients.

Priority Group 4

- Veterans who are receiving aid and attendance or housebound benefits.
- Veterans who have been determined by VA clinicians to be catastrophically disabled.

Priority Group 5

- Non-service connected veterans and service connected veterans rated 0% disabled with an annual income and net worth below the established dollar threshold.

Priority Group 6

All other eligible veterans who are not required to make co-payments for their care, including:

- World War I and Mexican Border War veterans.
- Veterans receiving care solely for disabilities resulting from exposure to toxic substances, radiation or disorders associated with service in the Gulf War or any other illness associated with service (in combat) after the Gulf War or during a period of hostility after November 11, 1998.
- 0% compensable service connected veterans.

Priority Group 7

- Non-service connected veterans with a 0% non-compensable service connected rating.
- Veterans with income and net worth above the established dollar threshold.



Veterans Service Centers

Veterans Service Centers provide assistance with eligibility, enrollment, means testing, burial benefits, beneficiary travel, TRICARE (CHAMPUS), CHAMPVA and Army Reserve physical exams. The Veterans Service Center can also assist you with billing inquiries, benefits counseling, and updating your personal information. Inpatient valuables and inpatient deposit accounts are also maintained by the Veterans Service Center. For more information, contact your local Veterans Service Center (listed on page 21).

Veterans Identification Card (VIC)

You will receive a Veteran Identification Card. Keep this card with you. You will need to bring it to all inpatient and outpatient visits.

Accreditations

The VA Healthcare Network Upstate New York is a quality health care organization with numerous awards, accreditations and affiliations, including:

- United States Nuclear Regulatory Commission - License
- Commission on Cancer, (Hospital Cancer Program) American College of Surgeons - Certification
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- College of American Pathologists - Accredited Laboratory
- Commission on Accreditation of Rehabilitation Facilities (CARF) - Three Year Accreditation
- American Association of Blood Banks (Transfusion Service) - Accreditation
- American College of Radiology Mammographic Imaging Services - Accreditation
- National Committee for Quality Assurance (NCQA) - Accreditation with Commendation

Choosing Your Preferred Facility

When you enroll, you will be asked to choose a preferred VA facility.

This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care.

If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

Changing Your Preferred Facility

You may change your preferred facility at any time. Simply notify your primary care provider. Your primary care provider will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.



Changing Your Provider

You have the right to change health care provider(s). Before making a change, discuss any problems/concerns with your current provider and try to reach an agreement. If you cannot reach an agreement, consult the facility Patient Representative to proceed.

Co-Managed Care

Patients who see a non-VA provider and want to have prescriptions filled or have treatment at the VA need to understand the following:

- The VA will coordinate care with a community-based provider so long as that care is provided in a safe and appropriate manner.
- You need to be enrolled in VA healthcare.
- In order to have prescriptions filled or treatment performed, you need to be seen by a VA healthcare provider.
- It is your responsibility to provide your VA healthcare provider with the appropriate medical records from your non-VA provider.
- The VA healthcare provider has to agree with the medication and/or treatment prescribed.
- The VA healthcare provider is under no obligation to follow the treatment plan or prescribe a medication recommended by a non-VA provider.

ALL of the above criteria must be met in order for the VA to provide quality co-managed care. Any questions can be directed to your Veterans Service Center.

Making an Appointment

Unless it is an emergency, we ask that you make an appointment for your care. You will receive information about making appointments from your preferred facility.

Canceling an Appointment

Please help us provide timely service. If you cannot keep your appointment, please notify us as soon as possible.

Second Opinion

VA does not require a second opinion. If you want a second opinion, one will be arranged for you. If you are receiving medical care from another source (private physician, HMO, etc.) and a second opinion is required and you are enrolled with VA healthcare, you may use the VA for that second opinion.



Your VA Health Care Services

Quick Reference Guide to Services

Service	Covered Under the Uniform Benefits Package	Covered Under Special Authorities	NOT Covered Under the Uniform Benefits Package	Comments
Abortion and Counseling			✓	
Adult Day Health Care		✓		Adult day health care includes programs operated by VA and contract programs. These programs operate under many of the same legal requirements as the community nursing home program.
Cosmetic Surgery			✓	
Dental Care		✓		VA provides examinations, diagnostics, surgical, restorative and preventive procedures. Dental care is subject to special eligibility requirements. Contact your local Veterans Service Center to determine whether you are eligible for dental benefits or see the dental explanation on page 11.
Domiciliary Care		✓		Domiciliary care (an independent living treatment program) may be available for veterans who do not require hospital or nursing home care but are unable to live independently because of medical or psychiatric disabilities. Contact your local VA facility to determine whether you are eligible for domiciliary care.
Drugs, biologicals and medical devices approved by the Food and Drug Administration (FDA)	✓			As medically required and prescribed or approved by a VA physician.
Drugs, biologicals and medical devices not approved by the Food and Drug Administration (FDA)			✓	These drugs are not covered, unless the treating medical facility is conducting formal clinical trials under Investigational Device Exemption (IDE) or Investigational New Drug (IND) application or if drugs/medical devices are prescribed under compassionate use exemption.



Service	Covered Under the Uniform Benefits Package	Covered Under Special Authorities	NOT Covered Under the Uniform Benefits Package	Comments
Emergency Care in VA facilities	✓			
Emergency Care Non-VA facilities		✓		Congress recently provided VA with authority to pay for emergency care in non-VA facilities for veterans enrolled in the VA healthcare system. The benefit will now include emergency care for non-service connected conditions for enrolled veterans who have no other source of payment for the care.
Eyeglasses and Hearing Aids		✓		Hearing aids and eyeglasses require a service connected disability rating of 10% or more. They are not provided to non-service connected veterans for naturally occurring hearing or vision loss. Additional information is available at your local Veterans Service Center.
Gender Alteration			✓	
Home Health Care	✓			VA operates the Home Based Primary Care (HBPC) Program (formally called Hospital Based Home Care) which is governed by clinical admission standards. Fee basis home care remains restricted to skilled services; based on current VHA policy, the cost of care cannot exceed the cost of community nursing home care.
Homeless Programs		✓		VA furnishes care to many homeless veterans in its Health Care for Homeless Veterans (HCHV) program.
Palliative Care	✓			
Maternity Care	✓			Maternity benefits are included in the benefits package for women veterans who are enrolled in the VA healthcare system. Maternity benefits will begin with the confirmation of pregnancy (preferably in the first trimester) and continue through the postpartum visit (usually six weeks after the delivery). The VA has no authority to provide care to the newborn infant of the veteran.



Service	Covered Under the Uniform Benefits Package	Covered Under Special Authorities	NOT Covered Under the Uniform Benefits Package	Comments
Medical and Surgical Care	✓			If medically necessary, as determined by VA.
Membership in Health Clubs & Spas			✓	
Mental Health Care	✓			If medically necessary, as determined by VA.
Non-VA Care		✓		Non-VA care may be provided in limited circumstances and must be authorized in advance.
Nursing Home Care		✓		0% non-compensable service connected veterans receiving care at VA expense must agree to make co-payments to receive their care, unless being treated for their service connected disability.
Dementia Management	✓			
Preventive Care and Services	✓			
Private Duty Nursing			✓	
Prosthetics and Orthotics (Durable medical equipment) (also see eyeglasses and hearing aids)	✓			Covers the usual and customary orthotic and prosthetic services provided to inpatients and outpatients. Enrolled veterans no longer need to be hospitalized to receive prosthetic devices and equipment.
Readjustment Counseling Services "Vet Centers"		✓		Congress extended eligibility for readjustment counseling services to any veteran who served in combat operations during any period of war, or any other area during a period in which hostilities occurred. Veterans who meet these criteria are eligible for readjustment counseling at VA Readjustment Counseling Centers (Vet Centers). Eligible veterans include veterans of the Vietnam era, World War II, the Korean and Gulf Wars, and the conflicts in Lebanon, Grenada, Panama and Somalia. To assist veterans' family members and/or significant others, they are also eligible for readjustment counseling.



Service	Covered Under the Uniform Benefits Package	Covered Under Special Authorities	NOT Covered Under the Uniform Benefits Package	Comments
Respite Care	✓			
Sexual Trauma		✓		VA provides counseling and treatment to veterans who suffered sexual trauma during service. VA has the authority to provide sexual trauma counseling to male and female veterans. The law defines sexual trauma as: sexual harassment, sexual assault, rape and other acts of violence.
Substance Abuse	✓			If medically necessary, as determined by VA.

Prescriptions

As an enrolled patient in the VA healthcare system, you can obtain medications and medical supplies that are authorized by your VA provider. Medications are prescribed from an approved list of medications called a formulary.

Dental Care

In general, dental benefits are limited to:

- Veterans who have service connected dental conditions
- POWs who were detained or interned for a period of not less than 90 days
- Veterans who have a service connected disability rated permanent and total
- Veterans with a service connected disability rated as total individual unemployability

Contact your local Veterans Service Center to determine whether you are eligible for dental benefits.

Chiropractic Care

If you are enrolled in VA healthcare you are eligible for chiropractic treatment. Discuss the need for chiropractic care with your VA primary care provider. You may be required to see a VA specialist before seeing a chiropractor. The VA only pays for chiropractic services related to the manipulation of the spine. The VA does not have chiropractors on staff. However, the VA may pay for your chiropractic treatments if your VA primary care provider decides it is necessary.

Non-VA Care

In limited circumstances, non-VA care may be provided. It must be authorized in advance.



Quality Care

National Committee For Quality Care (NCQA)

Decisions are based upon the appropriateness of care and services. The VA Healthcare Network Upstate New York does not offer financial incentives/rewards to practitioners for issuing denials of coverage, service or care.

Appeals

You have the right to appeal the denial of any VA benefit. There are two methods of appealing a decision:

Informal: You may informally appeal VA healthcare decisions by speaking with the Patient Representative at any VA healthcare facility. The Patient Representative will work with staff on your behalf to resolve most problems.

Formal: If the Patient Representative is unable to resolve an issue, you may file a formal appeal. To initiate a formal appeal, contact your local Veterans Service Officer. You have one year from the date of notification of the denial to file an appeal.

Grievances

Individual VA facilities publish their local grievance procedures in their patient handbook. Generally, you can address your concerns with the Patient Representative.

Confidentiality

VA is responsible for maintaining and ensuring the confidentiality of your medical and financial information.

Release of Information (ROI)

You have a right to your medical information. You must sign a consent form authorizing VA to release that information.

Advance Directives - Health Care Proxy, Durable Power of Attorney

VA encourages you to think about your health care options through the use of advanced directives such as a health care proxy and/or durable power of attorney. Staff at your local facility can help you complete the necessary forms.

Organ Donation

VA participates in the organ donation program. For more information, contact your local VA healthcare provider.



Financial/Payment Information

Priority Groups and You

Once your eligibility status has been determined, you will be assigned to a priority group.

Congress requires VA to manage the health care system using seven priority groups. These priority groups determine who may be eligible to receive health care benefits each year.

VA receives funding for the health care system from the federal budget and other resources (e.g. health insurance policy collections). The sum of available funds is compared to the number of veterans who use the health care system. Veterans classified in the higher priority groups (e.g. priority groups 1 - 5) will be provided priority consideration to receive health care benefits. Veterans classified in the lower priority groups (e.g. priority groups 6 and 7) are at a lower priority for consideration.

Financial Issues

If you are a non-service connected veteran or 0% non-compensable service connected veteran, you are required to complete an annual means test. Depending on your income level, you may be required to make co-payments for your care and/or medications. If you are less than 50% service connected you are required to make co-payments for medications. If your income is below the pension threshold, you may take a co-pay test to waive these charges (see your local Veterans Service Center).

Means Testing

Each year, you must complete a means test. The means test is based on the previous year's family income, assets and debts. This information is used to determine your co-payment.

You can agree to make co-payments without providing any financial information. If you indicate this on your application form, you will automatically be put into priority group 7.

- Should you decline to complete the means test or not agree to make the co-payments, you will not be eligible for VA healthcare.
- Financial information may be subject to verification with the Internal Revenue Service and Social Security Administration.

Hardship Determinations

A hardship determination is a special process used to change your priority group. You may request (in writing) to be placed in a different priority group based on a change in your financial situation. Hardship consideration is given for loss of employment, business bankruptcy or out-of-pocket medical expenses. Even though an application for hardship is made, no result is necessarily guaranteed. Contact your local Veterans Service Center for more detailed information.

Waivers

You may request a waiver for a portion of or the entire amount of your co-payment charges. You may also request a hearing on the waiver request. Contact your local Veterans Service Center for more detailed information.



Medication Co-Payments

As part of your VA healthcare, prescription medications are available. In most cases, a co-payment is required for prescriptions. You should contact the nearest VA healthcare facility for the most current information.

Health Insurance

We need to know about your health insurance. The VA bills private insurance companies for all non-service connected care a veterans receives. (The VA does not bill insurance companies for treatment of service connected conditions.)

You do not have to pay any balances that are not covered by your insurance carrier. Many insurance companies apply the VA healthcare charges toward the satisfaction of your annual deductible.

If you are a priority group 7 veteran, your co-payments may be offset by the payments we receive from your insurance company.

Your current insurance status (insured or uninsured) has no bearing on your VA healthcare benefits. You are eligible for care regardless of your current insurance status.

Co-Payments

You may be required to pay a co-payment for care and prescriptions.

If you can't afford the co-payments, you may request a waiver. Contact your local Veterans Service Center for more detailed information.

You may establish a payment plan, if co-payments become a hardship. Failure to pay could result in garnished wages, offset of your VA compensation benefits or your income tax refunds.



Questions and Answers

If I am enrolled in VA healthcare, what benefits will I receive?

You are eligible for inpatient and outpatient services, including preventive and primary care, rehabilitation, mental health and substance abuse treatment, home health, respite and hospice care, and prescription medications.

Once I am enrolled, what are the costs?

VA healthcare does not charge a monthly premium, however, you may be responsible for co-payments. If you have your own insurance, it may cover the cost of the co-payments.

Is this an insurance policy or an HMO?

It is neither. VA healthcare is funded through appropriations from the federal government. This is not the same as an insurance contract. You do not pay monthly premiums to receive VA healthcare. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid or CHAMPUS/TRICARE, you may continue to use those programs. We recommend that, if you have other insurance or HMO coverage, you keep that coverage to provide you with a variety of options and flexibility.

If I am covered by another insurance company, do I have to pay the deductibles when being treated by the VA?

No. VA does not require you pay those charges. Many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

Are there any restrictions to receiving care at a private facility (at VA expense)?

Yes. Care in private facilities is provided only under certain circumstances. You may receive care at a private facility, if the VA has a contract arrangement for services. If you have a service connected disability and it is too far from your home to a VA facility, you may be eligible to receive care at a private facility.

Will VA pay for care in private facilities?

Usually not. VA provides care in private facilities at VA expense when there is a contractual arrangement. If VA approves your care in advance or receives timely notification of an emergency room visit or admission, your private facility care may be covered.

How do I qualify for emergency services at a non-VA facility?

In order to qualify for emergency services at a non-VA facility, you must meet ALL of the following criteria:

- You received care in a hospital emergency department or similar facility providing emergency care
- You are enrolled in the VA healthcare system
- You have been provided care by a VA healthcare provider within the last 24 months
- You are financially liable to the provider of the emergency treatment
- You have no other form of health insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA program
- You have no other contractual or legal recourse against a third party that may pay all or part of the bill
- VA or other federal facilities were not available at time of the emergency
- The care must have been rendered a medical emergency when a delay in seeking immediate medical attention would have been hazardous to your life or health



What if I get sick while traveling?

You may receive care at any VA facility in the country. Before traveling, you should familiarize yourself with the location of the nearest VA healthcare facility where you will be staying. VA's authority to reimburse you for care in non-VA facilities is very limited.

Can I get dental care?

Dental benefits are limited to service connected dental conditions or to veterans who are permanently and totally disabled from service connected causes. For specifics, contact the Veterans Service Center at your local VA healthcare facility.

Will VA take care of my nursing home needs?

VA provides nursing home care to veterans with service connected conditions and to veterans who have a 70% or greater service connected disability. As space and/or resources permit, VA or a private nursing home may provide care to veterans who are ill or incapacitated but not in need of hospital care. To determine if you are eligible for VA nursing home care, please contact your local Veterans Service Center.

Can I get hearing aids and eyeglasses from VA?

Hearing aids and eyeglasses require a service connected disability rating of 10% or more. They are not provided to non-service connected veterans for naturally occurring hearing or vision loss. Additional information is available at your local Veterans Service Center.

What kinds of maternity services are provided?

VA provides maternity care but cannot provide care to a newborn child - even in the immediate aftermath of the birth. Other arrangements must be made for payment for the care of the child.

Are there any limits to the number of days of care or outpatient visits VA will provide?

No. Your provider will determine how long you need hospital care or outpatient services. VA will provide care consistent with current medical care practices.

Are all veterans notified of their enrollment confirmation at the same time?

VA sends confirmation letters by priority group. Notification letters are mailed at different times.



Appendix

Patient Rights and Responsibilities

The Department of Veterans Affairs respects the rights of the patient and informs the patient of any responsibilities incumbent upon him/her in the exercise of those rights. Listed below are the rights you may expect while a patient at a VA Healthcare Network Upstate New York facility:

You have the right to:

- Reasonable access to care consistent with the capacity, capability, and resources of the facility regardless of the source of your payment
- Courteous, considerate, and respectful care in a safe environment that respects your personal value and beliefs, regardless of race, creed, sex, religion, national origin, or handicap
- Consideration of your mental, emotional, social, spiritual, and cultural needs and the opportunity for religious worship
- Take part in decisions about your health care. You or your designated decision-maker will be included in the planning of care and be able to express your treatment preferences. This will allow you to be well informed so you can assist in your own treatment
- This right includes the following:
 - Have your pain assessed and managed. Your pain should be at a minimal level. You should be able to take part in work and recreation. You should be able to sleep at night.
 - Accept or refuse health care treatment to the extent permitted by law and be informed of the consequences of refusal.
 - Plan and decide in advance what your wishes would be if faced with a life/death situation, an unexpected death, or terminal illness. You may appoint a designated decision-maker to make health care decisions on your behalf.
 - Ask for information to help you make health care treatment decisions consistent with your wishes.
 - Express a complaint, and receive prompt attention to your concerns.
 - Call a meeting of the Ethics Advisory Committee/Fair Care Team to answer questions concerning your care. Your designated decision-maker or next of kin may exercise that right for you.
 - Know if the hospital plans to engage in any experimentation affecting you or your health care treatment and the right to refuse to participate in such research.
 - Maximum possible privacy.
 - Have all medical and personal information treated as confidential unless you consent to its release or its disclosure is required or permitted by law.
 - Be free from unnecessary or excessive medication. Except in an emergency, medication may be given only with the written order of a provider and will be documented in your medical record. The attending provider will be responsible for all medication given or administered.
 - Be free from restraints while receiving acute medical and surgical care unless clinically required.
 - Be free from restraints while receiving behavioral care unless clinically required.
 - Communicate with persons outside the medical center.
 - Receive or refuse visitors.
 - Receive unopened mail. If there is reason to believe the mail may contain contraband, you will be required to open the mail in the presence of staff.
 - Write and send letters. Request assistance when needed.



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- Wear your own clothes. Keep personal possessions.
 - Keep and spend your own money. Have access to funds in your account.

Your compliance with the following list of patient responsibilities is necessary to assure you the highest quality care. It demonstrates the importance of your contributing to your care.

You are responsible for:

- Following all medical center safety rules and posted signs, including smoking restrictions.
- Being considerate and respectful of all medical center personnel and other patients.
- Cooperating with your health care team. If you have questions or comments about your treatment plan, you are responsible for discussing it with your health care provider(s).
- Giving your provider an honest report and description of your pain. Taking your pain medication as ordered.
- Preventing injury to yourself, other patients, visitors, and staff members by reason of your own actions.
- The safekeeping of clothing, money, and the personal possessions you choose to keep with you while in this medical center.
- Keeping all of your scheduled diagnostic or treatment appointments. Being on time for your appointments.
- Avoiding situations that interfere with the treatment of other patients, particularly in emergency situations.
- Encouraging your visitors to be considerate of other patients and medical center personnel. Having your visitors observe visiting hours.
- Being understanding and patient if you encounter delays.
- Understanding your medications.
- Knowing whether you are scheduled for outpatient follow-up visits.



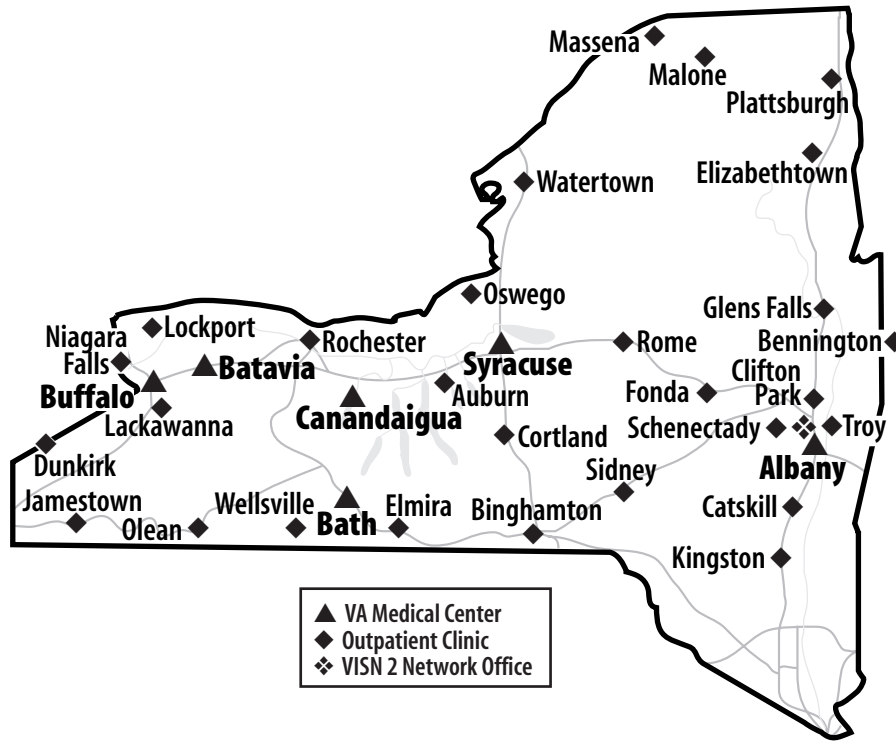
Listing Of VA Facilities

VA Healthcare Network Upstate New York - Facilities

Facility	Address	Phone
Albany VA Medical Center: Samuel S. Stratton	113 Holland Avenue, Albany, NY 12208	(518) 626-5000
Bath VA Medical Center	76 Veterans Avenue, Bath, NY 14810	(607) 664-4000
Canandaigua VA Medical Center	400 Fort Hill Avenue, Canandaigua, NY 14424	(585) 394-2000
Syracuse VA Medical Center	800 Irving Avenue, Syracuse, NY 13210	(315) 476-7461
VA Western New York Healthcare System at Batavia	222 Richmond Avenue, Batavia, NY 14020	(585) 343-7500
VA Western New York Healthcare System at Buffalo	3495 Bailey Avenue, Buffalo, NY 14215	(716) 834-9200
Auburn VA Outpatient Clinic	17 Lansing Street, Auburn, NY 13021	(315) 255-7011
Bennington VA Outpatient Clinic	325 North Street, Bennington, VT 05201	(802) 447-6913
Binghamton VA Outpatient Clinic	425 Robinson Street, Binghamton, NY 13001	(607) 772-9100
Catskill VA Outpatient Clinic	Greene Medical Building, 159 Jefferson Heights, Catskill, NY 12414	(518) 943-7515
Clifton Park VA Outpatient Clinic	1673 Route 9, Clifton Park, NY 12065	(518) 383-8506
Cortland VA Outpatient Clinic	1104 Commons Avenue, Cortland, NY 13045	(607) 662-1517
Dunkirk VA Outpatient Clinic	325 Central Avenue, Dunkirk, NY 14048	(716) 366-2122
Elizabethtown VA Outpatient Clinic	PO Box 277, Park Street, Elizabethtown, NY 12932	(518) 873-3295
Elmira VA Outpatient Clinic	Health Services Building, 200 Madison Avenue Suite 2E, Elmira, NY 14901	(877) 845-3247
Fonda VA Outpatient Clinic	Camp Mohawk Plaza, Rt. 30A, Fonda, NY 12068	(518) 853-1247
Glens Falls VA Outpatient Clinic	84 Broad Street, Glens Falls, NY 12801	(518) 798-6066
Jamestown VA Outpatient Clinic	896 East Second Street, Jamestown, NY 14701	(716) 661-1447
Kingston VA Outpatient Clinic	63 Hurley Avenue, Kingston, NY 12401	(845) 331-8322
Lackawanna VA Outpatient Clinic	OLV Family Care Center, 227 Ridge Road, Lackawanna, NY 14218	(716) 822-5944
Lockport VA Outpatient Clinic	5875 S. Transit Road, Lockport, NY 14094	(716) 433-2025
Malone VA Outpatient Clinic	115 Park Street, Malone, NY 12953	(518) 481-2545
Massena VA Outpatient Clinic	1 Hospital Drive, Massena, NY 13662	(315) 764-1711
Niagara Falls VA Outpatient Clinic	Niagara Family Medicine, Assoc., 620 10th St., Suite 709, Niagara Falls, NY 14301	(716) 285-6663
Olean VA Outpatient Clinic	Olean General Hospital, 500 Main Street, Olean, NY 14760	(585) 375-7555
Oswego VA Outpatient Clinic	105 County Route 45A, Seneca Hills Health Services Center, Oswego, NY 13126	(315) 343-0925
Plattsburgh VA Outpatient Clinic	206 Cornelia Street, Medical Office Building Suite 307, Plattsburgh, NY 12901	(518) 566-8563
Rochester VA Outpatient Clinic	465 Westfall Road, Rochester, NY 14620	(585) 242-0160
Rome VA Outpatient Clinic	125 Brookley Road, Building 510, Rome, NY 13441	(315) 336-3389



Reaching Us Is Easy



VA Healthcare On The Web

www.va.gov/visns/visn02

Upstate New York Veterans ~

Wherever you are, When you need help ...

VA TELCARE

1-888-838-7890

