

### **What is the Foreign Medical Program (FMP)**

The FMP is a program for veterans who live or travel overseas. Under the FMP, the Department of Veterans Affairs will pay the VA allowable amount for a service connected disability.

### **What do I need to get an inpatient claim paid?**

Provide the following legible information when you submit a claim:

- Patient's full name
- Patient's mailing address
- Patient's U.S. social security number
- Patient's VA Claim Number
- Provider's full name
- Provider's medical title
- Provider's office address
- Provider's office telephone
- Provider's billing address if different from "office address"
- Discharge summary
- Operation report if an operation was performed
- Itemized statement of the charges

### **What do I need to get an outpatient claim paid (doctor's office visit, therapist visit, etc.)?**

Provide the following legible information when you submit a claim:

- Patient's full name
- Patient's mailing address
- Patient's U.S. social security number
- Patient's VA Claim Number
- Provider's full name

- Provider’s medical title
- Provider’s office address
- Provider’s office telephone
- Provider’s billing address if different from “office address”
- Diagnosis treated
- Billed charge for each service
- Date(s) of service

**What do I need to get a prescription claim paid (remember, FMP can only pay for FDA approved prescription medication)?**

Provide the following legible information when you submit a claim:

- Patient’s full name
- Patient’s mailing address
- Patient’s U.S. social security number
- Patient’s VA Claim Number
- Copy of the prescription to include
  - name of medication
  - diagnosis for which the medication is prescribed
  - dosage
  - strength
  - quantity
- Pharmacy full name
- Pharmacy address
- Pharmacy phone number
- Date(s) of service

**What do I need to get a claim paid for rehab devices, equipment or supplies?**

- Patient’s full name
- Patient’s mailing address

- Patient's U.S. social security number
- Patient's VA Claim Number
- Physician's prescription to include
  - name and detailed description of item
  - diagnosis of condition for which the item is prescribed
  - expected medical benefit
  - duration of need
  - if there is a non-standard feature or modification, justification must be provided
- Provider's full name
- Provider's medical title
- Provider's office address
- Provider's office telephone
- Provider's billing address if different from "office address"
- For items under \$300, a copy of the receipt
- For items over \$300, include an estimated cost

### **What is the impact of other insurance?**

If you have another insurance plan that pays for some of your care, include the explanation of benefits from that insurance company with your claim. Under most circumstances, the FMP is the primary payer for any service-connected or Title 31 services.

### **Will the VA pay for costs associated with obtaining these documents?**

If it is customary for the provider to charge for any of the required documents, the FMP will reimburse you for these costs. Be sure the provider identifies these costs separately and clearly.

The FMP will not pay for translation services. The FMP contractor will translate any documents that require this service.

### **Where do I send my claim?**

Send your claim to the Health Administration Center, Foreign Medical Program, PO Box 469061, Denver, CO 80246-9061.

### How do I get more information?

- Check out our web site at [www.va.gov/hac](http://www.va.gov/hac), select Foreign Medical Program
- Write us at the PO Box 469061, Denver, CO 80246-9061
- To contact us by email, please go to this web link and follow the directions for submitting secure email: <http://www.va.gov/hac/contact>
  
- Call 303-331-7590, Monday-Friday.