

Va Form 10 7959a Instructions

(print or type only). Retain the form and any additional, requested information to the address shown above.

Claim form usage: This form is to be completed by the patient, sponsor or guardian and is mandatory for all beneficiary claims. This claim form is NOT to be used for provider submitted claims.

Other Health Insurance (OHI): By law, other coverage must be reported. Except for CHAMPVA supplemental policies, CHAMPVA is always the secondary payer. If OHI exists, attach an Explanation of Benefits (EOB) from the other health insurance to the provider's itemized billing statement(s). Dates of service and provider charges on the EOB must match billing statement(s).

Timely filing requirement: Claims must be received no later than one year after the date of service or, in the case of inpatient care, within one year of the discharge date.

Required billing statements: An itemized statement must be attached and contain:
• patient name, date of birth, and CHAMPVA Identification Card Member Number (same as patient's Social Security number);
• provider name, degree, tax identification number (TIN), address and telephone number; and
• service dates, itemized charges and appropriate procedure/diagnosis codes for each service (i.e., CPT-4, HCPCS, and ICD-9-CM codes), including narrative descriptions.

Pharmacy claims must include name, quantity, strength, and National Drug Code (NDC) of each drug.

SECTION I - PATIENT INFORMATION			
Last Name (required field)	First Name (required field)	SSN	CHAMPVA Member Number (required field)
Street Address		<input type="checkbox"/> Check if new address	Date of Birth (mm/dd/yyyy)
City	State	ZIP Code	Phone Number (include area code)

SECTION II - OTHER HEALTH INSURANCE (OHI) INFORMATION	
If more space is needed, please continue on a separate sheet.	
Was treatment for a work-related injury/condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was treatment for an injury or accident outside of work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is patient covered by OHI to include coverage through a family member? (Supplemental or secondary insurance excluded) <input type="checkbox"/> Yes (check type and provide coverage information below) <input type="checkbox"/> No (proceed to Section III)	
<input type="checkbox"/> employer sponsored (group) <input type="checkbox"/> private (non group) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> other (specify)	
Name of Other Health Insurance (OHI)	Name of Other Health Insurance (OHI)
Policy Number	Policy Number
Phone Number (include area code)	Phone Number (include area code)

SECTION III - SPONSOR INFORMATION	
Last Name	First Name
SSN	

SECTION IV - CLAIMANT CERTIFICATION	
I certify that the information on this form and any attachments are correct and represent actual services, dates, and fees charged. I understand that any materially false, fictitious, or fraudulent statement or representation, made knowingly, is punishable by a fine and/or imprisonment pursuant to Title 18, United States Code, Sections 287 and 1001. (Sign and date below.)	
If certification is signed by a person other than the patient, complete the following:	Signature
	Date

VA Form 10-7959A Instructions are crucial for veterans seeking to apply for various health care services provided by the Department of Veterans Affairs (VA). This form is specifically designed for reporting and collecting information necessary for the VA to evaluate a veteran's eligibility for services, including long-term care, and to determine the appropriate level of care and services needed. Understanding how to fill out this form accurately can significantly impact a veteran's access to vital health care services.

Understanding VA Form 10-7959A

What is VA Form 10-7959A?

VA Form 10-7959A, also known as the "Application for Health Benefits," is a document that veterans and eligible beneficiaries complete to apply for VA health care. This form collects personal, financial, and military service information that the VA uses to assess eligibility for benefits. It plays a critical role in helping veterans receive necessary medical attention and support.

Purpose of the Form

The primary purposes of VA Form 10-7959A include:

- Evaluating eligibility for VA health care benefits.
- Determining the level of care necessary for the applicant.
- Collecting data for statistical and reporting purposes.
- Assisting in the management of health care programs within the VA.

Who Should Use VA Form 10-7959A?

Eligibility Criteria

Veterans who are seeking health care benefits from the VA should use Form 10-7959A. The following groups may be eligible:

- Veterans with service-connected disabilities.
- Veterans with low income.
- Those who have served in a war zone.
- Certain veterans who have been discharged under conditions other than dishonorable.

How to Complete VA Form 10-7959A

Filling out VA Form 10-7959A correctly is essential to ensure a smooth evaluation process. Below is a step-by-step guide to help applicants navigate through the form.

Section 1: Personal Information

- Full Name: Enter your legal name as it appears on your identification documents.
- Social Security Number: Provide your SSN for identification purposes.
- Date of Birth: State your birth date in the format requested.
- Address: Include your current residence address, city, state, and ZIP code.
- Phone Number: Provide both your home and mobile numbers for contact.

Section 2: Military Service Information

- Branch of Service: Indicate which branch of the military you served in (e.g., Army, Navy, Air Force, etc.).
- Service Dates: Include the dates of your service, specifying entry and discharge dates.
- Service Number: If applicable, provide your military service number.
- Discharge Status: State your discharge status (e.g., honorable, general, other than honorable).

Section 3: Health Insurance Information

- Health Insurance Provider: List any current health insurance providers.
- Policy Numbers: Include relevant policy numbers for each insurance.
- Coverage Type: Specify the type of coverage you have (e.g., private insurance, Medicare, Medicaid).

Section 4: Financial Information

This section is crucial for determining your eligibility based on income. You should include:

- Annual Income: Report your total annual income, including wages, pensions, and other income sources.
- Number of Dependents: List any dependents you claim on your tax returns.
- Assets: Provide a brief overview of your assets, including property, savings, and investments.

Section 5: Signature and Date

After filling out the form, you must:

- Sign the form where indicated, confirming that the information provided is true and accurate.
- Date the form, which is essential for processing your application.

Tips for Completing VA Form 10-7959A

Review Requirements

Before submitting VA Form 10-7959A, ensure you have:

- Read the instructions carefully.
- Gather all necessary documents (e.g., proof of income, military discharge papers).
- Double-checked for accuracy to avoid delays.

Use Clear and Legible Writing

- Write in clear, legible handwriting if filling out the form by hand.
- If completing the form electronically, ensure that the typed text is easy to read.

Keep a Copy

Always make a copy of your completed form for your records before submission. This can be helpful for tracking your application status or providing additional information if requested.

Submitting VA Form 10-7959A

Where to Submit

VA Form 10-7959A can typically be submitted through several channels:

- By Mail: Send the completed form to the appropriate VA health care facility, as indicated on the form itself.
- In Person: You may also submit the form directly at your local VA medical center.
- Online: Some veterans may have the option to submit the form electronically through the VA's website.

Follow-Up

After submitting the form, it is advisable to:

- Wait for confirmation from the VA regarding the receipt of your application.
- Follow up with the VA if you do not receive any communication within a reasonable time frame.

Common Issues and Solutions

Delays in Processing

If you experience delays in processing your application, consider these steps:

- Contact the VA directly for status updates on your application.
- Ensure all required documentation was submitted with your form.

Denied Applications

In the event of a denied application:

- Review the denial letter to understand the reasons for denial.
- Gather any additional information or documentation that may support your case.
- Consider appealing the decision if you believe you qualify for benefits.

Conclusion

VA Form 10-7959A is an essential tool for veterans seeking access to health care benefits through the Department of Veterans Affairs. Completing this form accurately and thoroughly can streamline the application process, ensuring that veterans receive the medical care and support they need. By following the instructions outlined above and being diligent in providing accurate information, veterans can enhance their eligibility and access to VA services effectively. Always remember that assistance is available through VA representatives if you encounter challenges while completing the form.

Frequently Asked Questions

What is VA Form 10-7959A used for?

VA Form 10-7959A is used to apply for the VA's Caregiver Support Program, specifically to request a stipend for caregivers providing personal care services to veterans.

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