

What is the Foreign Medical Program (FMP)?

FMP is a U.S. Department of Veterans Affairs (VA) health care benefits program for U.S. Veterans with VA-rated service-connected disabilities who are residing or traveling abroad. Under FMP, VA assumes payment responsibility for certain health care services necessary for treatment of a service-connected disability or any disability associated with and held to be aggravating a service-connected disability.

The VA VHA Office of Community Care (VHA CC) in Denver, Colorado administers FMP. VHA CC is responsible for all aspects of the program including the Veterans' registration process, verification of eligibility, authorization of benefits, and the processing and payment of claims. All FMP claims and inquiries should be submitted directly to VHA CC.

What information is needed when submitting a claim?

All FMP claims should include the patient's full name, U.S. Social Security number, VA File Number, mailing address and a VA Form 10-7959f-2, *FMP Claim Cover Sheet*. Additional documentation may be necessary depending on the type of claim.

Additional information needed for an inpatient claim:

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Discharge summary
- Operation report, if an operation was performed
- Itemized statement of the charges
- Narrative description of the service provided

Additional information needed for an outpatient claim (i.e. doctor's office visit, therapist visit, etc.):

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Diagnosis treated
- Billed charge and date(s) for each service

Additional information needed for rehab devices, equipment or supply claims:

- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address

- Physician's prescription to include:
 - name and detailed description of the item
 - diagnosis for which the item is prescribed
 - expected medical benefit and duration of need
 - justification for non-standard features or modifications

Additional information needed for a prescription claim:

- Full name, address and phone number of pharmacy
- Copy of the prescription to include:
 - name of medication
 - dosage, strength and quantity
 - diagnosis for which the medication is prescribed
- Date(s) of service

NOTE: By federal law, the FMP cannot pay for medications that have not been approved by the U.S. Food and Drug Administration (FDA). If you are unsure that a medication is FDA-approved, check the Drugs@FDA web page on the FDA website at <http://www.fda.gov> or contact the FMP for clarification.

What is the impact of other insurance?

If you have another health 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 treatment of any service-connected disability or disability associated with and held to be aggravating a service-connected disability, and for Veterans participating in a rehabilitation program under 38 USC chapter 31.

What about claims/documents requiring translation?

FMP contractors will translate any documents received that require this service.

How do I get more information?

- Mail: VHA Office of Community Care
Foreign Medical Program
PO Box 469061, Denver, CO 80246-9061
- Phone: 303-331-7590, Monday-Friday
8:05 a.m. to 6:30 p.m. Eastern Standard Time
- Email: Follow the directions for submitting email via IRIS at <https://iris.custhelp.com/app/ask>
- Website: <http://www.va.gov/purchasedcare/>