								OMB Approved No. 2900-0545 Respondent Burden: 45 Minutes Expiration Date: 03/31/2021
Department of Ve	eterans A	Affairs						
REPORT OF MEDICA		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)						
INSTRUCTIONS : Read the Privious completing the form.	acy Act and	d Respondent Bure	den Infor	mation on Pa	je 2 befo	ore		
NOTE: If you or a family me report the date and amount of countable income for VA entitlement to VA benefits car in connection with the recover	the recover purposes. t be reduce	y to VA. In most However, the an d by the amount o	instance nount c of any un	s, the amount ounted in dureimbursed e	received	d will be ng your		
		PART I - PERS	ONAL	INDENTIFIC	ATION	INFORM	ATION	
NOTE: You can either complete	e the form o	nline or by hand. F	Please pi	rint informatio	n using b	olue or blac	k ink, neatly, and legil	bly to help process the form.
1. VETERAN'S NAME (First, Mi	iddle Initial,	Last)						
2. VETERAN'S SOCIAL SECUI		BER		3. VA	FILE N	UMBER		
4. DATE OF BIRTH (MM/DD/Y)	- YYY)			5. VE	TERAN'S	SERVICE N	IUMBER (If applicable)	
Month Day	Year						(5.47	
6. CLAIMANT'S NAME (First, M	Iiddle Initial	, Last) (If other than	1 veteran)					
7. CURRENT MAILING ADDRI	ESS (Numbe	er and street or rura	l route, P.	.O. Box, City, S	tate, ZIP	Code and C	Country)	
Street								
Apt./Unit Number		City						
State/Province	Country		ZIP Code/	Postal Code			_	
8. TELEPHONE NUMBER (Inc.	lude Area Co	ode)		9.	EMAIL A	ADDRESS	(Optional)	
		PART I	I - EXPI		OF EXP	PENSES		
10. Report all me	dical, legal,	and other expense	es that yo	ou or a family	member	incurred in	ncident to recovery for	injury or death.
A. PURPOSE (Legal Fees,	Fees for			C. DA	ΓE	D. NAM	E OF PROVIDER	E. COMPENSATION
Expert Witnesses, Medical Ex Paid Before Date of Recover	penses	B. AMOUNT BY YOU		PAI (Mo/Do	D	(Do	octor, Attorney, onsultant, etc.)	PAID BY (RR Retirement Board, Civil Lawsuit, etc.)

Veteran's SSN					L]				
10. Re	port all medical	ıl, lega	al, and o	ther ex	penses that you or	a family member incur	red incident to recovery for injury	or death. (Continued)	
A. PURPOSE (Legal Fees, Fees for Expert Witnesses, Medical Expenses Paid Before Date of Recovery, etc.)		B. AMOUNT PAID BY YOU		C. DATE PAID (Mo/Day/Yr)	D. NAME OF PROVIDER (Doctor, Attorney, Consultant, etc.)	E. COMPENSATION PAID BY (RR Retirement Board, Civil Lawsuit, etc.)			
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LOPDTIEV			<u>.</u>						
I CERTIFY THAT the above information is true. 11. SIGNATURE OF CLAIMANT (Sign in ink) 12. DATE SIGNED									
PENALTY : The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.									
e., civil or criminal la the administration of and Vocational Reha necessary to determir account information i required by a Federa computer matching p Respondent Burden	aw enforcement, cong VA programs and del abilitation and Employ ne maximum benefits is voluntary. Refusal t il Statute of law in ef rograms with other ag t: We need this inforr	gressiona elivery of oyment R s under th to provid effect prio agencies. rmation to	al communic f VA benefit Records - VA he law. VA to de your SSN or to Januar to determine	ications, ep its, verifica 'A, publish uses your ' N by itself ry 1, 1975 e eligibilit	pidemiological or research st ation of identity and status, a hed in the Federal Register. SSN to identify your claim f will not result in the denial o s, and still in effect. The res ty to pension (38 U.S.C. 150	tudies, the collection of money or and personnel administration) as i Your obligation to respond is re file. Providing your SSN will help of benefits. VA will not deny an ir ponses you submit are considere 03). Title 38, United States Code	the Privacy Act of 1974 or Title 38, Code of Fed wed to the United States, litigation in which the dentified in the VA system of records, 58VA21/ quired to obtain or retain benefits. The requests be ensure that your records are properly associated adividual benefits for refusing to provide his or h ad confidential (38 U.S.C. 5701). Information su e, allows us to ask for this information. We esti ation unless a valid OMB control number is disp	United States is a party or has an interest, 22/28, Compensation, Pension, Education, ed information is considered relevant and d with your claim file. Giving us your SSN ter SSN unless the disclosure of the SSN is abmitted is subject to verification through imate that you will need an average of 45	
minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.									