

# Durham VA Health Care System

## Beneficiary Travel Dispute Form

REMIT TO: PATIENT ADVOCATE'S OFFICE

NOTE TO THE VETERAN AND VA STAFF: This form is intended to help Veterans get a secondary review of a beneficiary travel claim through the Durham VA Health Care System. Requests that are complete and legible will result in a review and written determination of a decision.

Thank you for allowing us time to research your beneficiary travel payment dispute and for the privilege of providing your health care.

**To determine if the payment amount was correct, complete the information below:**

Today's Date: \_\_\_\_\_

Veteran's full name: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

Veteran's last four identifiers (SS#): \_\_\_\_\_

Date of travel claim: \_\_\_\_\_

Clinic or Service where care was provided: \_\_\_\_\_

Reason for disagreement with claim amount (Please be as specific as possible and use back side if needed):

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*"Our Veterans, Our Heroes, Our Mission"*