

**Fargo Department of Veterans Affairs Health Care System Beneficiary Travel Claim Form**

**Veteran Name:** \_\_\_\_\_  
(Last, First, Middle Initial)

**Last four of SSN:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Note:** Emergency/urgent care visits, unscheduled visits or admissions, & walk-in/drop-in appointments are only authorized for **ONE WAY** (vs. round trip) reimbursement.

If you are claiming for more than one visit date (multiple appointments on different days), please complete a separate form for each claim.

**Travel origination information:**  Home address on file with VA  
 Other physical address: \_\_\_\_\_  
(Street address, City, State Zip code)

If other than your home address, briefly describe why \_\_\_\_\_  
Continue on reverse if necessary

**Destination:**  Fargo VA HCS  CBOC: \_\_\_\_\_  Other: \_\_\_\_\_

**\*\*\*How Did you arrive at your appointment?**  Ride with a veteran  Received advance payment  
 I drove my own Vehicle  DAV Van / County Van (Provide receipt of your cost incurred)  
 Other: Please explain and attach receipts \_\_\_\_\_  
 Check this box if this claim includes lodging claim. **Receipt required.**

I certify that the above statements are true and correct to the best of my knowledge.  
**Signature of Veteran or Representative:** X \_\_\_\_\_ **Date** \_\_\_\_\_  
A person who makes a false statement for the purpose of obtaining payments for beneficiary travel may be prosecuted under applicable laws, including 18 U.S.C. 1001. 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 to be false.

Forms can be mailed, emailed, or faxed:  
Email: [VHAFARBENETRAVEL@va.gov](mailto:VHAFARBENETRAVEL@va.gov)  
Fax: (701)-239-3729

Fargo VA HCS  
Attn: Travel (136C3)  
2101 N Elm Street  
Fargo, ND 58102

 **All claims must be requested within 30 days of the appointment date, or the benefit is forfeited.**

**Basic travel eligibility:**  
1) 30% Service-connected (SC) or more  
2) If less than 30% SC must be treated for a service connected condition, this is determined by your provider.  
3) Receiving VA Pension, Aid & Attendance or Housebound Benefits  
4) Veterans traveling for a Compensation & Pension Exam  
5) Veterans with an annual income below the annual VA Pension rate (determined by a Means test/Copay test)  
6) VA CAN ONLY PAY YOU TO THE NEAREST VA HEALTH CARE FACILITY FROM YOUR DEPARTURE POINT THAT COULD PROVIDE THE CARE YOU SOUGHT.

If you have any questions, please call Travel at (701) 232-3241, extension 93429 or toll free, (800) 410-9723, extension 93429.