

DEPARTMENT OF VETERANS AFFAIRS
AUGUSTA VAMC
950 15TH STREET
AUGUSTA, GEORGIA 30901-2608

Feb 09, 2017
509/136B
J5383

Mr. FRANK PAUL JONES
923 S A AVENUE
ORDER OF ZEWS
AVON PARK, FLORIDA 33825

Beneficiary Travel Payment Decision

Dear Veteran,

We regret to inform you that your request for the VA to reimburse the cost of your transportation to and from your medical appointment on JAN 7, 2017 is denied.

For our office to authorize reimbursement of your transportation costs you must meet administrative eligibility and application rules found within the Beneficiary Travel regulations at 38 Code of Federal Regulations Part 70, "Beneficiary Travel under 38 U.S.C. 111 within the United States.

Your bill has been denied for the following reason:

Per VHA Handbook 1601B.05 dated July 21, 2010 paragraph 9 subparagraph 4(b) 1 For shared travel in a privately owned vehicle, payments are limited to the amount for one beneficiary. For example, if a beneficiary and an attendant travel in the same automobile or if two beneficiaries travel in the same automobile, the amount for mileage will be limited to the amount for one beneficiary.

The appointment(s) associated with your date of travel does not qualify for payment. For payment, an appointment must be in relation to care or services that you are eligible for, must be authorized in advance for a non-VA care appointment; and it must be completed unless due to actions another yourself.

You are a Non-Service Connected Veteran with income above the established low-income threshold or your income is not on file to determine a low-income status exists for consideration of payment. If you disagree with this decision follow the instructions on the enclosed VA Form 4107VHA, "Your Rights to Appeal Our Decision." The Notice of Disagreement should be delivered to the Beneficiary Travel Supervisor at your local facility. A second review of your case will be conducted at that time to ensure all facts surrounding the decision were considered to determine if the denial met all regulatory guidelines or to reverse the original decision. If we do not rule in your favor, you will be provided a Statement of Case, which describes the facts, laws, regulations, and reasons for our decision.

Sincerely,


ALMER GRIFFIN

MEDICAL SUPPORT ASSISTANT