



# Add an Appointment

Facility Name **(\*Required)**

Where was this appointment? What do I do if my facility isn't listed?

Tucson VA Medical Center - Tucson - AZ

Date **(\*Required)**

Month

Day

Year

Time **(\*Required)**

Time

AM/PM

Appointment Name **(\*Required)**

Give your appointment a descriptive name.

Appointment Type **(\*Required)**

Other

Did you complete this appointment? **(\*Required)**

- ☒ Yes  
☐ No

When you create a claim for an appointment outside of a VA facility (also known as community care), **attach confirmation from your provider that you completed the appointment** to expedite claim processing. If you do not attach confirmation, your claim will be in a pending status until your provider updates your medical record. If your provider does not update your medical record, BTSSS will deny your claim for this appointment 30 days after your claim submission.

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Add New Appointment

The U.S. Department of Veteran Affairs owns and operates Beneficiary Travel Self Service System (BTSSS).



Visit VA.gov (<https://www.va.gov>)

In crisis? Talk to someone now  
[Veterans Crisis Line](https://www.veteranscrisisline.net/)  
(<https://www.veteranscrisisline.net/>)



## DEPARTMENT OF VETERANS AFFAIRS

Montana VA Health Care System  
3687 Veterans Drive, P.O. Box 1500  
Fort Harrison, MT 59636-1500  
1.877.468.8387 | 406.442.6410  
[www.montana.va.gov](http://www.montana.va.gov)

May 26, 2022

**From:** Robert McAlpin-Mobility Manager

**Subj:** Letter of Appointment Verification

1. Travel benefits are available for all eligible Veterans under Title 38 United States Code (USC), Section 111. **Proof of care must be received before travel benefits can be processed.** For faster processing, please fill out this form and submit it with the travel claim to your local VA travel benefits office.

2. VETERAN:

Please provide the following information:

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST 4 OF SSN: \_\_\_\_\_

3. PROVIDER OFFICE:

Please confirm the Veteran received care at \_\_\_\_\_  
(Facility Name)

for \_\_\_\_\_ on \_\_\_\_\_  
(Type of care) (Date of appt)

\_\_\_\_\_  
(Signature of Provider Representative)

4. Appointment verifications can be attached directly to claim in the online BTSSS travel portal.

Appointment verifications can also be sent by fax: (406) 447-7295 or (406) 447-7987



**DEPARTMENT OF VETERANS AFFAIRS**  
Southern Arizona VA Health Care System  
Tucson, AZ 85723

Reply to 678/1-02BT

Dear Veteran,

For the Southern Arizona VA Healthcare Systems Beneficiary Travel section to process your claim for reimbursement or to determine eligibility for the benefit, please provide the requested information below:

- **Documents providing proof of non-VA authorized care in the community, and/or verification of the appointment kept with the non-VA authorized provider. (A note from your doctor's office showing proof of your attendance.) This memo/note is then attached to the VA form 10-3542 Beneficiary Travel Claim for Reimbursement.**

IAW VHA Handbook 1601B.05 5e:

If a determination is made that additional information is needed to decide, the claimant will be notified in writing of the deficiency and will be required to provide additional information. If the claimant has not responded to the request within 30 days, the Chief of Health Administrative Services, or another designee, may decide the claim status prior to the expiration of the 1-year submission period required by 38 U.S.C. 5103(b)(1).

This letter is not a denial of your claim. If you have any additional questions, please feel free to contact Beneficiary Travel Office at **(520) 792-1450 ext. 1-4713**.

**Southern Arizona VA Health Care System**  
**ATTN: BENE TVL 1-02BT**  
**3601 S. 6<sup>th</sup> Avenue**  
**Tucson, AZ 85723**

Sincerely,

The Beneficiary Travel Department

#### 4. Add your expenses and receipts.

- On the “Claim Expenses” page, make sure your appointment information and address are correct.
- If you have** receipts or **proof of attendance records for non-VA care appointments**, select **Add Attachments**. You can add up to 5 attachments.
- Choose an expense type. Follow the instructions to add information about each expense.

#### 5. Submit your claim.

Review the Beneficiary Travel Agreement Notice. Check the box to show your agreement. Select **Submit Claim**.

After you submit your claim, the system will redirect you back to your claims dashboard.

You will find your claim listed in review status.

Once your claim is processed it will be electronically deposited into your bank account.

# VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

#### Need time to gather receipts or other information?

You can choose to save your claim and come back later to edit it. But you will still need to submit it within 30 days of your appointment.

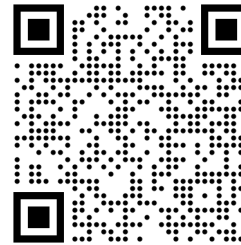
If you require help with your travel claim, call the Beneficiary Travel Office at (320) 252-1670 Ext. 6442.

Scan a QR code below for videos on how to file a claim for VA and Non-VA appointments.

VA Appt.



Non-VA Appt.



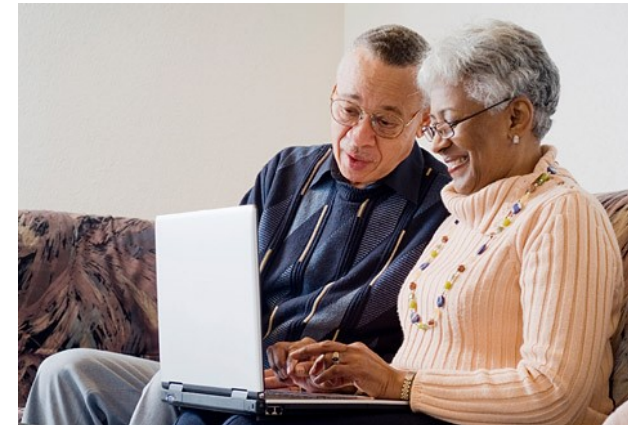
St. Cloud VA Health Care System  
4801 Veterans Drive  
St. Cloud, MN 56303-2099  
320-252-1670 | 800-247-1739

Created By: Health Administration Service  
Created Date: August 2022

[www.va.gov/st-cloud-health-care/](http://www.va.gov/st-cloud-health-care/)  
[www.facebook.com/StCloudVAHCS](https://www.facebook.com/StCloudVAHCS)

## How to file a travel pay claim online

**Beneficiary Travel  
Self-Service System  
(BTSSS)**



**Veteran Travel  
Claim Entry**

## View Message

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22 Dec 2023 @ 1057 ET

From

COLTRIN, Gloria A. (TUC BENEFICIARY TRAVEL)

To

THOMPSON, JOHN DAVID

Subject

Appointment: BTSSS says

Message ID

5138905567

Attachments

[proof of attendance letter.pdf \(281.50 KB\)](#)

## Message

Good Morning,

Please see attached, when a veteran is seen in the Community per VA referral, they must provide from that outside facility a note stating veterans name, completed appointment date, this information must be on facilities letterhead signed by staff at that facility.

Sincerely,

Gloria

Reply