



**DEPARTMENT OF NATIONAL DEFENSE  
PHILIPPINE VETERANS AFFAIRS OFFICE  
VETERANS MEMORIAL MEDICAL CENTER**



**VETERANS HOSPITALIZATION AND MEDICAL CARE PROGRAM  
REQUEST FOR REIMBURSEMENT FORM**

Date: \_\_\_\_\_

**THE DIRECTOR**  
Veterans Memorial Medical Center  
North Ave., Diliman, Quezon City

Sir:

Request reimbursement of my expenses incurred during my hospitalization/treatment in PVAO-VMC accredited hospital and other benefits under the Veterans Hospitalization & Medical Care Program in the amount of:

\_\_\_\_\_ (Amount in Words) (P \_\_\_\_\_) (Amount in Figures)

Attached are the documentary requirements for my reimbursement. I understand and will abide by the rules and regulations set forth in the prioritization and budget scheme of the program.

Thank you.

Respectfully yours,

\_\_\_\_\_  
Signature of Patient

Name of Patient: _____		Veteran Status: <input type="checkbox"/> RPV-WW II (WW II Veteran) <input type="checkbox"/> RPV-AFP (AFP Veteran) <input type="checkbox"/> RPVD-WWII (WWII Dependent) <input type="checkbox"/> RPVD-AFP (AFP Dependent)	
Mailing Address/Telephone No.: _____			
<b>DOCUMENTARY REQUIREMENTS</b>		<b>NATURE OF REIMBURSEMENT</b>	
<input type="checkbox"/> Official Receipt/s <input type="checkbox"/> Certificate of Confinement/Treatment <input type="checkbox"/> Proof of Veteran Status (e.g. PVAO ID;VMC Medical Card; PVAO Certificate; Retired Military ID) <input type="checkbox"/> Statement of Account -Detailed/Summary (for Hospitalization) <input type="checkbox"/> Audiometry Result (for Hearing Aid) <input type="checkbox"/> Medical Abstract (for Chemotherapeutic Agent; Orthopedic Implant; Drugs & Medicines; ESWL; Anti Rejection Drug) <input type="checkbox"/> Result of Procedure (for Coronary Angiogram; Angioplasty; Pacemaker Placement; Colonoscopy; Cranial CT Scan; Cardiac Bypass; Kidney Transplant; Endoaneurysmectomy) <input type="checkbox"/> Prescription /Medical Certificate (for OPD Maintenance Medicines) Additional Requirements if the patient is deceased: (Claimant shall be the spouse) <input type="checkbox"/> Photocopy of Death Certificate <input type="checkbox"/> Veteran's Dependent's ID or Photocopy of Marriage Contract & Identification of the Claimant (Claimant shall be the children if both patient & spouse are deceased) <input type="checkbox"/> Photocopy of Death Certificate of the patient and the spouse <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Identification of the Claimant <input type="checkbox"/> Notarized Waiver/Deed of Assignment of Siblings		<input type="checkbox"/> Angioplasty <input type="checkbox"/> Anti-Rejection Drug <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Cardiac Bypass <input type="checkbox"/> Cataract Surgery: ___(R)___(L) <input type="checkbox"/> Chemotherapeutic Agents <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Coronary Angiogram <input type="checkbox"/> CT Scan <input type="checkbox"/> Dentures ___Upper___Lower <input type="checkbox"/> Endoaneurysmectomy for Thoracic/Abdominal Aortic Aneurysm <input type="checkbox"/> Extra Corporal Shock Wave Lithotripsy (ESWL) <input type="checkbox"/> Hearing Aid: ___(L)___(R) <input type="checkbox"/> Hemodialysis Treatment <input type="checkbox"/> Hernia Mesh <input type="checkbox"/> Hospital Subsidy <input type="checkbox"/> Drugs & Medicines (___Critical___ Non Critical) <input type="checkbox"/> Kidney Transplant <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> OPD Maintenance Medicines/ <input type="checkbox"/> Oral Antibiotic <input type="checkbox"/> Orthopedic Braces <input type="checkbox"/> Orthopedic Implant <input type="checkbox"/> Pacemaker Placement (___Temp.)___(Perm.) <input type="checkbox"/> Peritoneal Dialysis(IPD & CAPD) <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Vaccine (Pneumococcal) <input type="checkbox"/> Ventilator Rental	

Evaluated as to Completeness of Documentary Requirements:

Recommend Approval:

**ROSARIO MINERVA D. MONTEFALCON**  
Chief, VHMCP Unit

**FELIZA P. BLANDO**  
Acting Chief, Medical Administrative Section  
Approved By:

**DOMINADOR M. CHIONG, JR., M.D. FPCS, FACS**  
Director  
Chairman, VHMCP Committee