We understand that there may be times when care through a community partner may be necessary.

**Scheduling**

- The Referral Coordination Team will assist you with finding an in-network provider and obtain your scheduling preferences.
- Once the VA Community Care Office has contacted you with the approved consult information, you may schedule your own appointment with your approved in-network provider or, if you prefer, the VA can schedule the appointment for you.
- If you decide to self-schedule, the VA will call you up to 3 times to verify that your appointment is scheduled. If you do not schedule your appointment within 14 business days, you will have to request a new consult from the referring provider.
- You will receive a correspondence letter regarding scheduling. For questions related to scheduling, call 1-888-214-1247 or call the number provided on the correspondence letter to speak with the responsible Community Care Team Member.

**Authorization**

An authorization is approval from the VA for you to receive care from an in-network community provider. Your authorization is created once your appointment is scheduled. You will receive an authorization letter in the mail.

You are encouraged to take the letter with you to your community appointment. The letter provides:

- The authorization number
- The in-network community provider you are approved to visit
- A description of the care you are approved to receive
- The time period you are authorized to receive care

**Visit**

The VA will send any relevant records to your community provider. However, if instructed, you may need to obtain and take copies of your diagnostic imaging with you to your visit.

**Scheduling Additional Appointment / Reauthorizations**

If you are authorized for ongoing care, you may directly schedule visits with your community provider. Keep track of how many visits you attend and your authorization dates for care. The VA will not cover services beyond what is described in your authorization. If you require care beyond the limits of your authorization, you will need to contact your VA provider to request a new referral. Your VA provider will review the request and, if appropriate, may request a new authorization. In some circumstances, VA may determine that you should return to VA to receive further care.

**Prescriptions and Durable Medical Equipment (DME) Pick-Up**

Medications: 14 day limit - You may fill a prescription written by the community provider for up to a 14 day supply of medication through a VA Medical Facility Pharmacy / a participating in-network pharmacy / an out of network pharmacy. Be aware, if you choose the option of an out of network pharmacy, you will be required to pay at the pharmacy and then submit a claim to our local VA for reimbursement.

Prescriptions that exceed the 14 day limit must be submitted to the VA to be filled.

Local Pharmacy: 1(888) 214-1247, press 1
Durable Medical Equipment (DME): If your in-network, nonVA provider identifies an immediate need for DME, orthotics or prosthetics items, the provider may provide the DME to you and submit the bill to the Third Party Administrator. For routine DME, orthotics and prosthetics items, your in-network, nonVA provider must submit a Request for Service Form to the office of community care at: Fax Number (269) 223-6148. If the DME is approved by the VA, it will be purchased and mailed to your address or to your Community Provider’s office. Your community provider will determine where the DME is sent. If the VA is unable to purchase your DME, your community provider will be notified.

Payment / Billing
Remember you are responsible for your VA copayment amount, as applicable, whether you receive care in VA or the community. You will be billed separately for this by the VA. Do NOT pay a copayment to your community provider. Questions about VA Copayments: 1(866) 400-1238 Monday through Friday 8:00 a.m. to 8:00 p.m. Eastern Time.

IF YOU RECEIVE A BILL FROM YOUR COMMUNITY PROVIDER, CONTACT THE NATIONAL VA COMMUNITY CARE CONTACT CENTER. Monday through Friday 8:00 a.m. to 9:00 p.m. at 1(877) 881-7618

Want to Know More
- Community Care; visit: www.va.gov/communitycare
- Find an in-network community care provider; visit: www.va.gov/find-locations
- Veterans Health Benefit Copayments; visit: www.va.gov/health-care/pay-copay-bill/
- Your priority group, disability rating or copay information: sign into My Health eVet at www.myhealth.va.gov using your DS Login or ID.me.
- Find an In-Network Pharmacy; visit: www.va.gov/find-locations (select facility type: Community Pharmacies)

Urgent Care
If you are registered with the VA and have seen your primary care provider within the last 24 months, you are eligible for VA’s urgent care benefit. You can visit an in-network urgent care clinic to treat minor injuries and illness that are not life-threatening. To verify your eligibility for VA urgent care, call (884) MyVA-311 or (884) 698-2311 and select option 1, then option 3. To locate in-network urgent care providers and pharmacies, visit www.va.gov/find-locations.
For more information visit: www.va.gov/communitycare/programs/veterans/urgent_care.asp

Emergency Care
During a medical emergency, you should immediately seek care at the nearest hospital, whether it is a VA medical center or not. Veterans do not need to check with VA before calling an ambulance or going to a community hospital emergency department. However, for the VA to coordinate and potentially pay for the emergency care, VA MUST be notified within 72 hours of your hospital visit at (844) 72-HRVHA or (844) 724-7842.
For more information, visit: www.va.gov/communitycare/programs/veterans/emergency_care.asp