

Department of Veterans Affairs  
Battle Creek VA Medical Center  
5500 Armstrong Road  
Battle Creek, MI 49037



**NON-VA HOSPITALIZATION FORM**

Veteran: \_\_\_\_\_

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

Hospital: \_\_\_\_\_

Please select **one** of the following that apply:

- I choose to use my Veteran Benefit and transfer to the VA Medical Center that can offer me the level of care I need for this episode of care.
- I choose **not** to transfer to a VA Hospital. I understand that my hospital bill may be submitted to the VA for payment consideration, but payment is **not** guaranteed.
- I elect to have Medicare and/or my private insurance billed for this hospitalization. I understand that VA is **prohibited** from paying any insurance balances.
- Patient refused to sign.

Signature: \_\_\_\_\_

Signature of spouse, significant other or responsible party if Veteran is unable to sign:

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Witness: \_\_\_\_\_

**FAX COMPLETED FORM TO:**  
**Battle Creek VAMC**  
**ATTENTION: Utilization Management**  
**269-223-6940**

**For questions please call 269-223-1629; 269-223-3160; or 223-5641**