## MAINTAINING YOUR PRIVACY IS KEY

Department of Veterans Affairs is required by law to bill insurance carriers that provide medical coverage to you. The purpose of this brochure is to inform you that VA may ask you to sign a Release of Information (ROI) form authorizing VA to release sensitive information to your insurance company for purposes of payment.

If you have been offered treatment or been treated for any of the conditions (HIV testing or infection, drug abuse, alcohol abuse, or sickle cell anemia treatment or testing) but have not already provided VA the permission to share this information with your insurance company; a VA Representative will:

- Ask you to complete an ROI form during your next appointment; or
- Mail an ROI form to your current listed address

After 14 days, if the ROI has not been received, the VA Representative will again attempt to contact you by phone and/or mail out another ROI form.

For more information, or to see if your visit requires a Release of Information, contact the VA at **1-866-400-1238.**

## Our Mission

Our Servicemembers and Veterans have sacrificed to keep our country-and everything it represents-safe. We honor and serve those men and women by fulfilling President Lincoln's promise *"to care for him who shall have borne the battle, and for his widow, and his orphan."*

We strive to provide Servicemembers and Veterans with the world-class benefits and services they have earned, and will adhere to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

Thank you for your service.
**Now let us serve you.**

IB 10-493
P96549

ROI Brochure
August 2012

# RELEASE OF INFORMATION (ROI) FOR INSURANCE BILLING

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

## WHAT IS AN "ROI"?

In this pamphlet, you will see the term ROI (Release of Information) form being used. This is a standard VA form to obtain your authorization for VA to be able to release sensitive (protected) health information to your insurance company for purposes of payment.

**Benefits of signing the ROI:**

- If you are required to make copayments, signing this form will allow VA to bill your insurance company. The money received by the VA from your insurance company will go towards your copayment amount. In many cases, the insurance payment will satisfy your VA copayment.

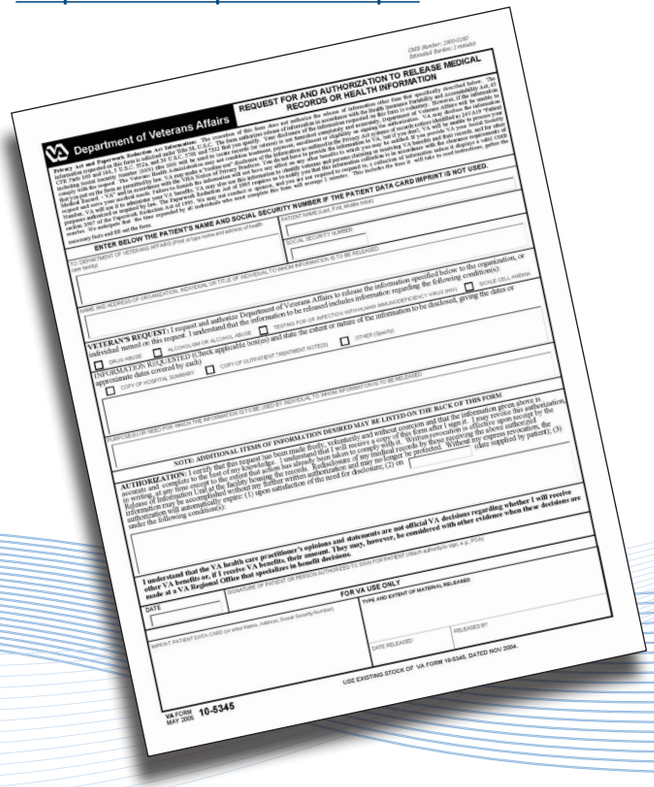
- Funds collected by VA from your copayments and health insurance reimbursements are returned to your local VA health care facility for providing additional health care services to you and other Veterans receiving care at that facility.

## WHY ARE YOU BEING ASKED TO SIGN THIS FORM?

Your health care provider has offered treatment, or treated you, for a sensitive (protected) condition.

You may have also received a HIV screening test or sickle cell anemia test. VA is required under Title 38 United States Code (U.S.C.) § 7332 to obtain your authorization before billing your insurance company for any of the four sensitive conditions listed in this brochure. For further information, access the webpage below:

http://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partV-chap73-subchapIII-sec7332.pdf


Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

VA FORM MAY 2005 10-5345

USE EXISTING STOCK OF VA FORM 10-5345, DATED NOV 2004.

## WHAT ARE SENSITIVE CONDITIONS?

Below are the sensitive conditions which require a specific release of information prior to billing your insurance company.

Treatment or the offering of treatment for:

- Alcohol abuse

- Drug abuse

Testing or treatment of:

- HIV infection

- Sickle cell anemia

A letter will be sent to you along with the ROI form. The letter will explain why VA requires your signed written consent to release sensitive information to your insurance company.

When completing a ROI form only mark those sensitive conditions that apply to your individual health care and return the letter and form back to your facility.