

Stanford Pain Clinic and "LOST" VA Authorization Records

"Records were lost around Nov-Dec of 1986

EXHIBITS

- A * Feb 14, 1986 Letter from VA denying referrals for Chiropractic and Acupuncture..."because it wasn't needed..."
- B * Oct 29, 1986 Reply from Senator Alan Cranston to my request assistance in my case...
- C * Feb 3, 1987 Letter to Congressman Bosco asking for help in gaining treatment from VA.
- D * Feb 10, 1987 Reply from Bosco's office that they got it...
- E * Feb 3, 1987 Letter to VA Med Center complaining about Fee Basis authorization for Stanford Pain Clinic..."short staffed"
- F * Feb 18, 1987 Letter from Congressman Bosco on VA reply to above inquiry... IT SHOULD BE NOTED THAT THE VA REPRESENTATIVE REPRIMANDED THE CLERK I HAD TALKED TO...FOR TELLING THE TRUTH...
- G * 12 Nov 86 Copy of report by J Mark Pratt of the Stanford Pain Clinic
- H * 28 July 87 letter to Dennis M Pratt, Chief, Medical Administration Service at VA Med Center in San Francisco.
- I * 28 July 87 Letter to the head of Stanford Pain Management Service
- J * April of 88 letter to Congressman Doug Bosco...Help setting up Nerve Block treatment at Stanford.
- K * April 13, 1988 Reply from Congressman Bosco that they got info.
- L * May 9, 1988 Reply from VA saying that if Martinez (VA Med. Center) can't help...we will then refer him to Stanford...
- M * May 12, 1988 Letter from Bosco saying he got a VA reply...
- N * June 3, 1988 Letter to Bosco concerning VA Fee Basis Authorization.
- O * 14 Jun 88 Letter from Congressman Bosco on receiving information.
- P * 15 June 88 Letter back to Bosco on getting emergency treatment using Chiropractic and acupuncture from pain crisis...WITH REFERRALS FROM FAMILY DOCTOR...
- Q * copy of Accupuncture treatment program with referral...
- R * June 24, 1988 Letter to VA on above matter...
- S * June 29, 1988 Letter from VA saying "MY FILE ISN'T MISSING"...
- T * Aug 2, 1988 Letter to Chief of Medical Services in San Francisco... "DENIAL OF TREATMENT"
- U * Sept 27, 1988 Reply from VA saying that Nerve Block treatment is denied..."because they couldn't find a referral for same...copies of evaluation by VA saying "it's all in my head"...
-
- V * Section covers MONEY OWED on travel pay...VA SAYS they don't owe me
- W * The VA says they don't pay for Vitamins in one letter...and pay for same in the next letter...
- X * Copy of University of California on Healing Vietnam Vets using holistic medicine and of being successful...using acupuncture in the process



October 3, 1986

Mr. George P. Ojala
P. O. Box 2195
Weaverville, CA 96093

In Reply Refer To:
662/136B2

Dear Mr. Ojala:

This is to inform you that your fee-basis card will expire November 2, 1986.

Our Fee-Basis ID Card program provides entitled veterans with a means to access community outpatient care at Veterans Administration expense when such care is either unavailable or cannot be economically provided at a VA medical treatment facility.

It is necessary that you provide a medical report to justify your continued need for fee-basis outpatient medical treatment under this program. Please provide the medical report within six weeks from the date of this letter.

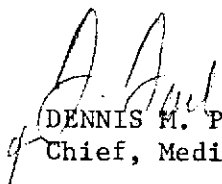
You may acquire a medical report from your private physician or you may call the following VA facility, which is designated to serve veterans residing in your community:

VETERANS ADMINISTRATION MEDICAL CENTER
150 Muir Road
Martinez, CA 94553

Telephone Number: (415) 228-6800

Our action is based upon current VA program policies applicable at the time of this review. If you have any questions, our Authorizing Unit may be reached by calling (415) 750-2117 weekdays only, between the hours of 8:00 a.m. and 4:00 p.m.

Sincerely,


DENNIS M. PATT
Chief, Medical Administration Service

cc:
612

CL:pc



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
4150 Clement Street
San Francisco CA 94121

November 16, 1992

In Reply Refer To:
662/136B1

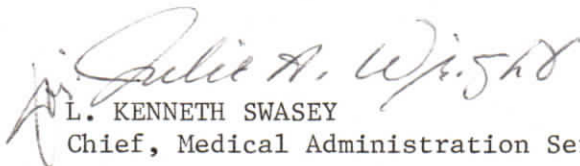
Mr. George P. Ojala
111 Orchard Lane
Carlotta, CA 95528

Dear Mr. Ojala:

You have been approved by the Department of Veterans Affairs for continued fee-basis outpatient care and your new fee-basis outpatient medical care card (VA Form 10-1174) is enclosed. This card replaces the fee-basis outpatient medical card we previously issued you, which must be destroyed and not be used to receive care at VA expense.

Fee-basis authorizations are issued to eligible veterans when it is determined that the VA cannot furnish the needed medical care and/or when the veteran has an ongoing medical need for treatment and is not geographically accessible to a VA facility. After reviewing your medical file, we find you meet these criteria for treatment of any medical condition other than dental.

Sincerely,


L. KENNETH SWASEY
Chief, Medical Administration Service

Enclosure

ILD:pc



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
4150 Clement Street
San Francisco CA 94121

October 16, 1995

In Reply Refer To:

662/136B1

Mr. George P. Ojala
111 Orchard Lane
Carlotta, Ca 95528

Dear Mr. Ojala:

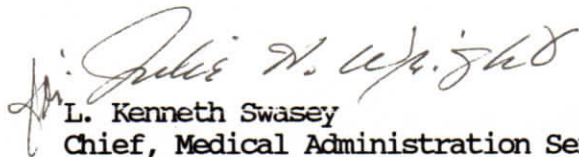
We are returning the statement submitted to this office for payment of supportive medical services provided you on June 30, 1995, by Thomas S. Harper, M.D., in the amount of \$125.00.

Psychotherapy treatment at Department of Veterans Affairs expense must be requested and approved by our Fee Basis Unit prior to such treatment being provided. A request for authorization must be accompanied by a request from a medical doctor showing the duration and frequency of treatment, who will be providing the treatment, and the estimated cost of such treatment.

We have no record of receiving a request for psychotherapy treatment; therefore, your claim was denied.

If you have any questions, feel free to write our Fee Basis Unit at our address above (Attention: 136B1) or call them weekdays between 8:00 a.m. and 4:00 p.m. at (415) 750-2028 and ask to speak with Ms. Johnson.

Sincerely,


L. Kenneth Swasey
Chief, Medical Administration Service

Enclosure: VA Form 4107

cc:
THOMAS S HARPER MD
350 E ST STE 301
EUREKA CA 95501



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
4150 Clement Street
San Francisco CA 94121

March 7, 1997

In Reply Refer To: 662/119

SS#-

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George Ojala
111 Orchard Lane
Carlotta, CA 95528

Dear Sir,

According to Medical Administration Service, you are not eligible to have the San Francisco Veterans Administration Pharmacy fill your prescriptions, written by a private doctor. You are not on the Fee Basis Program or in receipt of Aid & Attendance-Housebound, therefore, we are returning your prescription(s).

If you have any questions, please contact Medical Administration Service at (415) 221-4810 extension 2555 or you can write to:

Department Of Veterans Affairs
Medical Authorization Service (136B1)
4150 Clement Street
San Francisco, CA 94121

Thank you,

Pharmacy Service (119)

cc: 136B1

P.S. Your Fee Card expired 6-6-96,



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
4150 Clement Street
San Francisco CA 94121

January 4, 1999

In Reply Refer To:

MR GEORGE P OJALA
111 ORCHARD LN
CARLOTTA CA 95528

Dear Mr. Ojala:

A request for authorization of an outpatient surgery at Saint Joseph Hospital has been received from the North Coast Plastic Surgery Institute.

We are unable to authorize a private surgery for you at VA expense because after reviewing your file, our Authorizing Physician has determined that your medical condition does not make it impossible for you to receive your care at a VA facility which is accessible to you and can more economically provide for your care.

You may call the following VA facility, which is designated to service veterans residing in your community, for information on how to obtain outpatient care at their clinic:

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
4150 CLEMENT STREET
SAN FRANCISCO CA 94121
Telephone Number: (415) 221-4810

Our action is based upon current VA program policies applicable at the time of this review. If you have any questions, feel free to write our Fee Basis Unit at our address above (Attention: 136B1) or call them weekdays between 8:00 a.m. and 4:00 p.m. at (415) 221-4810, Extension 2541, and ask to speak with Pae.

Sincerely,

for: L. Kenneth Swasey
L. Kenneth Swasey
Chief, Medical Administration Service

Enclosure: VA Form 4107

cc: NCPSI

January 4, 1999

662/136B1

MR GEORGE P OJALA
111 ORCHARD LN
CARLOTTA CA 95528

Dear Mr. Ojala:

A request for authorization of an outpatient surgery at Saint Joseph Hospital has been received from the North Coast Plastic Surgery Institute.


We are unable to authorize a private surgery for you at VA expense because after reviewing your file, our Authorizing Physician has determined that your medical condition does not make it impossible for you to receive your care at a VA facility which is accessible to you and can more economically provide for your care.

You may call the following VA facility, which is designated to service veterans residing in your community, for information on how to obtain outpatient care at their clinic:

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
4150 CLEMENT STREET
SAN FRANCISCO CA 94121
Telephone Number: (415) 221-4810

Our action is based upon current VA program policies applicable at the time of this review. If you have any questions, feel free to write our Fee Basis Unit at our address above (Attention: 136B1) or call them weekdays between 8:00 a.m. and 4:00 p.m. at (415) 221-4810, Extension 2541, and ask to speak with Pae.

Sincerely,


L. Kenneth Swasey
Chief, Medical Administration Service

Enclosure: VA Form 4107

cc: NCPSI



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration

APRIL 4, 1999

In Reply Refer To: 742/002

OJALA, GEORGE P



MR GEORGE P OJALA
111 ORCHARD AVE
CARLOTTA, CA 95528-9733

Dear MR OJALA:

I am pleased to confirm your enrollment with the Department of Veterans Affairs healthcare system. We look forward to providing you a broad range of health-related services, including preventive care, primary care, and inpatient and outpatient services.

Enrollment gives you access to VA health services around the country, and you may use VA services with any other health coverage.

If you do not wish to be enrolled for any reason, please notify VA at the following address in writing: VA Health Eligibility Center, 1644 Tullie Circle, Atlanta, Georgia 30329.

Some frequently asked questions and answers about VA healthcare are enclosed. Should you have any questions, please contact us at the toll-free number, 1-877-222-VETS (1-877-222-8387).

Thank you for enrolling with the Department of Veterans Affairs healthcare system. We will do our best to provide you healthcare that is second to none.

Sincerely,

Kenneth J. Clark
Chief Network Officer

Enclosure

ROBERT M. GREEN, MD
1626 Myrtle Ave. * Suite D
Eureka, Ca. 95501
Ph. (707) 444-3439

SURGERY INSTRUCTIONS

Date: September 24, 1999

Dear George ,

The following is the information for your up coming surgery:

HOSPITAL: St. Joseph

DATE OF SURGERY: December 8, 1999

CHECK-IN TIME (at the hospital): 0600

Office Pre-op appointment: December 2, 1999 at 9:30

Hospital Pre-admission appointment: December 2, 1999 at 11:00

If the above pre-admission appointment at the hospital is not convenient for you please call the Pre-Admit Center at St. Joseph Hospital to set up an appointment which will be better for you. This appointment should be at least one week prior to your surgery. This appointment is for any pre-operative tests and to pre-register for your surgery. The phone number is 707- 445-8121 ext. 7000. Also enclosed is an Anesthesia questionnaire for you to fill out and take with you to your Pre-Admission appointment.

GENERAL INSTRUCTIONS:

1. No aspirin should be taken for 2 weeks prior to surgery, as it interferes with normal clotting of the blood. Tylenol or another brand of acetaminophen can be used if needed for pain.
2. Please notify Dr. Green of any medications you take regularly such as blood pressure medicine, insulin, hormones, etc. so arrangements can be made for you to continue the medicines, if needed.
3. Do not bring any valuables with you to the hospital. Do not wear any jewelry
4. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT BEFORE SURGERY.**
5. If you have any questions regarding your surgery, please call the office.

POST-OPERATIVE APPOINTMENTS:

Date & Time

- | | |
|-----------------|-----------------------------------|
| Appointment # 1 | December 16 th @ 11:30 |
| Appointment # 2 | December 23 rd @ 11:30 |
| Appointment # 3 | January 6 th @ 11:30 |



DEPARTMENT OF VETERANS AFFAIRS

Medical Center
4150 Clement Street
San Francisco CA 94121

NOV 08 2000

In Reply Refer To: 662/04F

MR GEORGE P OJALA
111 ORCHARD LN
CARLOTTA CA 95528

Dear Mr. Ojala:

You have been approved by the Department of Veterans Affairs for fee-basis outpatient medical care and your VA Fee Basis Outpatient Medical Care Authorization (VA Form 10-1174) is enclosed. This card is to be used in obtaining outpatient treatment at VA expense as authorized for the disability or disabilities listed on it. Please sign your name on the space provided for that purpose on the front of the card. Physicians and other health care providers are instructed not to honor the authorization card unless it bears your signature. Please read the information provided on the card. It is important to you and the persons you select to treat you to know the benefits you may or may not obtain with this ID card authorization. Services may be provided by any licensed doctor of medicine or osteopathy of your choice licensed in the State in which medical services are provided. Show this card to your medical provider and be sure he or she has your name, Social Security Number and the address of this Medical Center.

If you require services not approved by this card, such as non-VA hospitalization, eyeglasses, etc., please contact this Medical Center. Prescriptions for medicines must be brought or mailed to this Medical Center where they will be filled promptly. If you require medicines at once, ask your physician to certify such prescriptions as indicated on your authorization card. Show your card to the pharmacist and ask that he or she bill the VA as shown on the card.

The VA may reimburse local, round trip travel expenses between your residence and the place treatment is obtained, if such travel is in excess of 100 miles one way. A mileage allowance will be paid in lieu of actual and necessary expenses of travel (including lodging and subsistence). Your one-time written request for travel expenses, when received within 30 days from the date you first obtain medical services, will be approved to be effective with the first visit. A claim received after that 30-day period will be effective from the date received.

Each ID card issued bears a unique serial number printed in red. A record is kept of each numbered card issued and the identification of the veteran to whom it is issued. This number is used for control, billing, and payment purposes, and use is restricted to the veteran named thereon.

Please safeguard this ID card as you would your credit cards, and notify this office promptly if you lose the card. Serial numbers of lost cards

(over)

will be invalidated to prevent unauthorized use, and replacement cards will be issued following such invalidation.

Although your fee-basis ID card carries no expiration date, the validity period for it will expire on October 18, 2003. Approximately 90 days prior to that date, you will be asked to furnish a medical report to justify your continued need for a fee-basis ID card. Failure to furnish that medical report might jeopardize continuation of your fee-basis privilege.

Direct inquiries and change of address to this Medical Center. Also, please notify this Medical Center promptly of any change in the status of your VA disability rating, such as increases or decreases in percentage of disability and any disabilities added to or deleted from your rating. This is very important to you as such changes may affect this authorization for outpatient care.

Sincerely,

Del R. Lewis
Chief Fiscal Officer

Enclosures

cc: VSO

BILLING AND REPORTS - Bills submitted after two years from date of treatment or services will NOT be paid. Submit bills monthly to the VA clinic of jurisdiction. To facilitate payment, please include on your bill your Social Security Number or employer's identification number and the veteran's name and Social Security Number. Also itemize the following: (1) condition(s) treated; (2) types and date(s) treatment rendered; (3) your usual and customary fee for each type of treatment and (4) CPT code(s). Failure to provide any of this information will delay payment. Bills for supportive medical services must include the name and address of the prescribing doctor of medicine or osteopathy. Submit a brief treatment report when the cost of treatment exceeds the \$125.00 monthly limitation or when a significant clinical change in a disability occurs. Pharmacies submitting bills for the first time should include the original prescription, or a certified copy of it if the State requires retention of original. VA will provide pharmacies instructions and claim forms for use in subsequent billings.

IMPORTANT: Direct inquiries and change of address to the following VA clinic of jurisdiction:

DEPARTMENT of VETERANS AFFAIRS

4150 Clement Street
San Francisco, CA 94121



**VA FEE BASIS OUTPATIENT
MEDICAL CARE AUTHORIZATION**
(Valid until cancelled by VA)

OJALA, GEORGE P.

VETERAN'S NAME

Eff. 10/17/00

VETERAN'S SIGNATURE

DISABILITY FOR WHICH TREATMENT IS AUTHORIZED
ANY CONDITION (except dental & psych).

0058027

VA FORM 10-1174, APR 1985

OJALA, GEORGE P. 10/17/00



DO NOT INCLUDE THIS DOCUMENT IN A PATIENT'S MEDICAL RECORD

RENEWAL DATE, S: 10/18/00 TO 10/18/03
FROM

LETTER TO BE SENT: _____

FEE CARD NUMBER FORM 10-1174: _____

POST CARD SENT: _____

REQUEST FOR FEE I.D. CARD (SPECIFY):

NEW

~~RENEWAL~~

ELIGIBILITY STATUS: PTSD

COMB TOTAL: 100% 38 C.F.R.

FEE CARD REQUESTED FOR (LIST CONDITIONS AND/OR REASON): Any Condition

NEAREST VA FACILITY TO VETERANS RESIDENCE: SF MILES: 277

NEAREST VA STAFFED TO PROVIDE NEEDED CARE: _____ MILES: _____

A U T H O R I Z I N G P H Y S I C I A N

1. SHOULD VETERAN BE SCHEDULED FOR PHYSICAL EXAMINATION AT THIS MEDICAL CENTER. IF YES LIST(S) OF EXAM; YES NO

2. DO ATTACHED REPORTS SHOW THAT THE VETERAN HAS A NEED FOR ONGOING MEDICAL TREATMENT: YES YES NO

3. DOES THE VETERANS MEDICAL CONDITION PRECLUDE TRAVEL TO A VA STAFFED TO PROVIDE TREATMENT: YES NO

4. ARE ABOVE LISTED VA FACILITIES CAPABLE OF PROVIDING TREATMENT: YES YES NO

RECOMMEND: APPROVAL DENIAL

RECOMMEND VALIDITY DATES (Not to exceed three years): 3 yrs

RECOMMEND I.D. CARD BE ISSUED FOR THE FOLLOWING CONDITIONS (OR IF DENIED GIVE REASON):

Any condition

[Signature]
AUTHORIZING PHYSICIAN

10/31/00
DATE

FEE CODES: STATE COUNTY PATIENT YOB WAR PURPOSE SEX POW

VETERANS NAME: Ojala, George SSN: _____

STREET ADDRESS: 111 Orchard Lane

CITY/STATE: Carrollton, Ca 95528 ZIP: _____

TELEPHONE: _____

Submitted by: Sty Date: 10/18/00

Reviewed by: _____ Date: _____

Department of Veterans Affairs
REQUEST FOR OUTPATIENT SERVICES

ID Card Number: 0058027

(1) Veterans Name	(2) ID Number	Period of Validity
GEORGE PAUL OJALA		FROM: Oct 17, 2000 TO: Oct 18, 2003

(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
111 ORCHARD LANE CARLOTTA CA 95528	Nov 07, 2000	ANY CONDITION

AUTHORIZATION #: 26066-21

AUTHORIZATION REMARKS
FOR VA USE ONLY

(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE
6	023	PATIENT 10	1947	7	10

STATION OF JURISDICTION	(11) CODE	(12) SEX
Veterans Administration MEDICAL CENTER 4150 CLEMENT ST SAN FRANCISCO CA 94121		MALE
	ID CARD STATUS - 3	(13) POW
		NO

TELEPHONE: 415-750-2020	APPROVED BY (Name and Title) (EEA)
	<i>Del R. Lewis</i> DEL R. LEWIS CHIEF, FISCAL SERVICE

Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:

- I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.
- II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.
- III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.
- IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.
- V. FEES. Fees claimed may not exceed those made to the general public for like services.
- VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.
- VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.
- VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

OCT 20, 2016

Veteran's Fee Basis CARDS
ISSUED 10-17-00 USED IN 1980's

BILLING AND REPORTS - Bills submitted after two years from date of treatment or services will NOT be paid. Submit bills monthly to the VA clinic of jurisdiction. To facilitate payment, please include on your bill your Social Security Number or employer's identification number and the veteran's name and Social Security Number. Also itemize the following: (1) condition(s) treated; (2) types and date(s) treatment rendered; (3) your usual and customary fee for each type of treatment and (4) CPT code(s). Failure to provide any of this information will delay payment. Bills for supportive medical services must include the name and address of the prescribing doctor of medicine or osteopathy. Submit a brief treatment report when the cost of treatment exceed the \$125.00 monthly limitation or when a significant clinical change in a disability occurs. Pharmacies submitting bills for the first time should include the original prescription, or a certified copy of it if the State requires retention of original. VA will provide pharmacies instructions and claim forms for use in subsequent billings.

IMPORTANT: Direct inquiries and change of address to the following VA clinic of jurisdiction:

DEPARTMENT OF VETERANS AFFAIRS
4150 Clement Street
San Francisco, CA 94121

CCN

**VA FEE BASIS OUTPATIENT
MEDICAL CARE AUTHORIZATION**

(Valid until cancelled by VA)

OJALA, GEORGE P.

VETERAN'S NAME

S.S.N.

George P. Ojala

EFF. 10/17/00

VETERAN'S SIGNATURE

DISABILITY FOR WHICH TREATMENT IS AUTHORIZED

ANY CONDITION (except dental & psych). 0053027

VA FORM 10-1174, APR 1985

PLEASE READ CAREFULLY

LIMITATIONS: THIS AUTHORIZATION IS FOR OUTPATIENT MEDICAL TREATMENT ONLY. IT MUST NOT BE USED TO OBTAIN MEDICAL SERVICES FOR DISABILITIES, PROSTHESES, VA HOSPITALIZATION, NURSING HOME CARE, PROSTHETIC APPLIANCES OR RYTOASSES, PRESCRIPTIONS FOR MEDICATIONS OR TO BE PRELIEVE OR LIMITED TO THE VA CLINIC OF JURISDICTION UNLESS THEY ARE CERTIFIED BY PHYSICIAN THAT MEDICATIONS ARE NEEDED AT ONCE. ALL ROUTINE TREATMENT MAY NOT EXCEED \$55 PER MONTH WITHOUT PRIOR VA APPROVAL. THE USE OF THIS CARD IS LIMITED TO THE VETERAN IDENTIFIED ON REVERSE SIDE AND IS VALID ONLY WHEN SO USED BY THE VETERAN. NOT VALID WITH OTHER MEDICAL FACILITIES ARE AVAILABLE. NOT VALID IN FOREIGN COUNTRIES.

TO OPTOMETRIST: You may provide vision information in this form when this card authorizes treatment for any condition. Prescriptions for eyeglasses must be sent to the VA clinic of jurisdiction.

TO PHYSICIAN: The veteran's name on this card is authorized to obtain OUTPATIENT treatment for the disability listed on reverse side. A doctor of medicine or osteopathy licensed in the State in which the facility is located.

Admission to VA S.F 415 750201A

Certain diagnostic and minor surgical procedures may be provided on an OUTPATIENT basis with prior VA approval. When treatment of these conditions requires hospitalization, dental services, home nursing services, eyeglasses, hearing aids or other prostheses, notify the VA clinic of jurisdiction. Services or items of this nature, if approved, will be provided by the VA. Please request additional medical or other information, if required, from the VA clinic of jurisdiction.

MEDICAL SERVICES include prescription and referral by a physician for supportive medical services when required. All routine treatment may not exceed \$55 per month without prior VA approval. PRESCRIPTIONS must be filled by VA unless needed at once. Veterans may obtain medications needed at once from a PRIVATE PHARMACY if the physician certifies the prescriptions with the statement: "This medication order is needed immediately for the patient's disability which the VA has authorized me to treat".

PAYMENT - Payment in accordance with the VA Medical Fee Schedule shall be provided, in full. Supplemental or duplicate claims for the particular services rendered under this authorization must not be submitted to other parties.

MONTHLY LIMITATION \$125.00

Before Prez Bush cancelled this program in the 90's, I could spend \$125.00 to see a local doctor, chiropractor, ect. THE U.A. paid for prescriptions as well.

*payment "IN FULL"

"Supplement or duplicate claims for particular Service..."

"MUST NOT BE SUBMITTED TO OTHER PARTIES"