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VETERANS AFFAIRS - PROSTHETIC SERVICE CARD

VETERAN'S LAST NAME - FIRST NAME - MIDDLE INITIAL

PATIENT ID #	DATE OF BIRTH
DATE CARD ISSUED	REPAIR COST NOT TO EXCEED

SIGNATURE OF VETERAN

WHEN USING CARD VETERAN MUST PRESENT PICTURE I.D.

THIS CARD DOES NOT ENTITLE BEARER TO NEW APPLIANCES

VA FORM SEP 2009 **10-2501**

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The veteran described hereon may obtain repairs or replacement parts for each of the following listed items or veterinary treatment for their guide dog, at a cost not to exceed the amount indicated above from any repair shop or veterinarian in U.S.A. or Puerto Rico.

ITEM/SERVICE:

SERIAL #:

MISC. INFORMATION:

For payment, forward original invoice signed by the veteran to the VA Office listed below:

NOTE: INVOICE MUST CONFORM TO THE SAMPLE ON THE REVERSE OF THIS FORM. VA FORM 10-2520, PROSTHETIC SERVICE CARD INVOICE, (AVAILABLE FROM VA) MAY BE USED.
PREFERRED PAYMENT WILL BE CREDIT CARD.

LOCATION OF VA OFFICE

PROTHESTICS OFFICAL

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Cut *FRONT OF 10-2501*

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SAMPLE INVOICE

COMPANY NAME

Company Address

Veteran's Name:
Last 4 of SSN:
Date of Service:

QTY	DESCRIPTION	SERIAL #	HCPCS	UNIT PRICE	CHARGES
	REPAIRS TO - *(Specify item)*				
	REPLACE - *(Specify Components)*			0.00	0.00
	LABOR-HR			0.00	0.00
					$0.00

I certify that these repairs were necessary and have been satisfactorily made.

Veteran's signature

IMPORTANT: Invoices will not be paid unless veteran's name, last four of social security number, serial number and the certification shown above are clearly written or typed on the face of the company's standard invoice.

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