Instructions are written for a multi-part paper form. Print additional copies as necessary.

Department of Veterans Affairs

AUTHORITY AND INVOICE FOR TRAVEL BY AMBULANCE OR OTHER HIRED VEHICLE

SCHEDULE NUMBER

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The purpose of this form is to authorize treatment and provide a means to bill for this service (private providers may, however, use any local billing form or UB (Uniform Billing) 92. Submission of this form is voluntary and failure to respond will have no adverse effect on benefits to which the provider might otherwise be entitled.

Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the Health Benefits Contact Center at 1-877-222-8387.

Benefits Contact Cente	er at 1-8//-222-8	8387.								
		P/	ART I - AUTHO	ORIZATION F	OR SERVI	CE				
NAME AND ADDRESS OF BENEFICIARY (If authorization is issued to ambulance company or hired car owner)								2. SOCIAL SECURITY NUMBER		
NAME AND ADDRESS OF BENEFICIARY OR COMPANY TO WHOM AUTHORIZATION IS ISSUED 3. DATE AND HOUR (See reverse for instructions)							R AUTHOR	ZED TO REPOR	Γ (mm/dd/yyyy)	
						4. TRANSPORTATION	ON IS AUTI	HORIZED BY		
						AMBULANCE	311 10 710 11	OTHER HIRED	VEHICLE	
						4A. FROM		OTTLICTION	VEITIOLE	
						TALL I TOWN				
						4B. TO				
						AND RETURN	Y	ES NO		
5. RATES AUTHORIZE	RATES AUTHORIZED 6. CONTRACT NUMBER AND DATE (If applicable) 7. CONTRACT NUMBER AND DATE (If applicable)				7. CONFIF	IRMS PRIOR AUTHORIZATION (If applicable) DATED -				
									(mm/dd/yyyy)	
B. NAME AND ADDRESS OF ISSUING OFFICE			9. AUTH	HORITY 10. FISCAL		L SYMBOLS		11. ESTIMATED COST OF TRAVEL		
12. SIGNATURE AND	TITLE OF ALITH	AODIZING OFFICIAL						12 DATE (/1	1/)	
12. SIGNATURE AND	TITLE OF AUTH	IORIZING OFFICIAL						13. DATE (mm/do	(1)	
		PART I	I - INVOICE FO	OR SERVICE	(See instru	uctions)				
14. SERVICE FURNIS	HED		15. FROM		•	15A. TO				
AMBULANCE	ОТНГ	ER HIRED VEHICLE					\/=0			
						AND RETURN	YES	NO		
16. NAME AND ADDRE	:55 OF PAYEE									
17. ITEMIZATION OF C	CHARGES							18. TOTAL AMOU	JNT CLAIMED	
19. SELECT STATEM	ENT BELOW TH	IAT PERTAINS TO THE	SERVICE AND CH	ECK THE APPRO	PRIATE BOX			<u> </u>		
NO CONTRACT (TI	he rate charged of	does not exceed the prev	ailing rate in the co	ommunity)						
CONTRACT IN EFF	FECT (Service pr	rovided in accordance wit	th current contract	conditions)						
		PART III	- STATEMENT	BY VA OFFI	CIAL OR D	ESIGNEE				
CERTIFY THAT the emarks below, which is	service, as speci	ified above, has been accereof.	complished and is	approved in acco	rdance with a	uthority issued theref	ore, or as o	therwise shown i	n statement in	
20. SIGNATURE AND 1								21. DATE (mm/da		
								,		
		PART	Γ IV - AUDIT B	LOCK (For Fi	nance use	only)				
22. AMOUNT DUE			(mm/dd/yyyy)	•		HER AUDITOR				
25. REMARKS										
ES. NEWANIO										
			PART V - A	CCOUNTING	BLOCK					
26. ION/PAT. NO.	27. TC&S/C	28. CPF	29. LIQ. AMT.	30A.				31. DATE & IN	ITIALS	
				1ST S/A		\$				
				30B. 2ND S/A		\$				

VA FORM 10-2511 JUNE 2007 (R)

INSTRUCTIONS

SECTION I - AUTHORIZATION FOR SERVICE (Instructions to Beneficiary)

- a. If you cannot report on the date and hour specified in Item 3 on the face of the form, please notify the VA facility shown in Item 8 and return this form to that office. DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION. (Use the blank space below to write to the VA facility shown in Item 8.)
- b. If you have moved to a city or town other than the one shown on the face of this form, enter your new address in the blank space below and indicate whether it is permanent or temporary. Return this form to the VA facility shown in Item 8 and DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION
- c. If you are authorized to travel by hired vehicle instead of ambulance, the hired vehicle cannot be one which is the property of a relative or Government employee. For definition of a relative, see Section II b (2) below.

SECTION II - INVOICE FOR SERVICE (Instructions to Ambulance Company and/or Hired Car Operator)

- a. Items 14 through 19, under Section II, must be completed by owner or authorized representative who is fully qualified to act on behalf of the company. In addition, the following information (if applicable) must be furnished.
- (1) If part or all of the charge is based on mileage, show the amount of flat fee and amount of mileage separately in Item 17. Also show the number of miles for which mileage is claimed. Note: A flat fee is an agreed upon charge for service rendered within a stated area. Where service is rendered solely on rate per mile times number of miles traveled, no additional fee is allowed. But, if the charge to the general public for like service includes both flat fee and mileage, payment therefore may be made if properly authorized by VA IN ADVANCE or if the charge is so stated in the terms of the contract.
- (2) Indicate the time the beneficiary was picked up and the time the destination was reached. (This should be shown only if there is a contract with VA which specifies different rates for day and night service.)
- b. The following instructions apply to companies or individuals who provide hired vehicle service (other than ambulance):
- (1) Travel must be performed by a usually travelled route.
- (2) A hired vehicle cannot be the property of a Government employee or a relative. A relative is a spouse, parent, son, daughter, brother, sister, uncle, aunt, niece, or nephew, by blood or marriage.

SECTION III - STATEMENT BY VA OFFICIAL OR DESIGNEE

Entries required are self-explanatory.

SECTION IV - AUDIT BLOCK

Entries are self explanatory.

NOTE: USE THE BLANK SPACE BELOW FOR COMMUNICATING WITH THE	ISSUING VA FACILITY SHOWN
IN ITEM 8 ON THE FIRST PAGE OF THIS FORM.	

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