



# Claims Timely Filing Attestation Form

## Department of Veterans Affairs (VA) Community Care Network

If you are submitting a claim after the 180-day timely filing deadline because the claim was submitted to the incorrect VA payer or because a VA referral was created after the date of service, please complete this form and include it with the claim submission. The completion of this form is an attestation that you have proof of timely filing submission or rejection from VA or other VA claims payer (Optum), and will retain proof for audit purposes. You must submit this form with the claim form CMS-1500 or CMS-1450 (UB-04) to the address listed below.

**Important: Incomplete or missing information on forms could result in a denial for not meeting VA's timely filing requirements.**

### Claim originally sent to the following (check one):

VA      Optum      TriWest

Date of previous claim submission:

### Provider Information

Provider Name:

National Provider Identifier (NPI):

Tax Identification Number (TIN):

Provider Contact Name:

Contact Phone:

Contact Email:

### Veteran Information

Last Name:

First Name:

EDIPI or last four of SSN:

Date of Birth:

### Claim Information

VA Referral/Authorization Number:

Dates of Service:

Total Charge:

### Submission Process

1. Please be sure to complete this form in full. Print out the completed form and submit with your claim.
2. Do not submit any additional documentation other than the claim form and this attestation form.
3. Do not submit as corrected claim.

**Mail to:** TriWest VA CCN Claims  
P.O. Box 108851  
Florence, SC 29502-8851