DEPARTMENT OF VETERANS AFFAIRS

Cheyenne VA Medical Center Test

2361 Denial Way, Suite 123

CHEYENNE, WY 82001

4/4/2025 2:41 PM

CVAMCBT

SASHELLE TASI BAYLES

30 E CENTRAL AVE,

SPRINGBORO, OH 45066

**Beneficiary Travel Payment Decision**

Dear SASHELLE TASI BAYLES,

We have made a decision on your claim for Veteran Health Administrative benefits.

**What We Decided**

We regret to inform you that your request for the VA to pay or reimburse the cost(s) related to travel to and/or from your medical care/services on 4/4/2025 8:00 AM is Partial Payment.

**Evidence We Relied On**

> Claim for Reimbursement of Travel Expenses

> Enrollment System

> Patient Medical Records

> VA Medical Determination for Special Mode Transportation, if applicable  
> Receipts, if submitted  
> Other documents supporting eligibility for payment, if submitted  
> Non-VA care treatment at VA expense authorization, if applicable  
> Transportation provider invoice and run report, if applicable  
> Notice of Veterans Benefits Administration (VBA) Rating Change, if applicable  
> Bing Maps for travel time and distance calculations  
> GSA Per Diem Rates for lodging and meal 50% allowance calculations

**What Laws Apply**

For our office to authorize payment or reimbursement of your transportation costs, you must satisfy the eligibility criteria set forth in 38 United States Code (U.S.C.) section 111 and 38 Code of Federal Regulations (C.F.R.) Part 70, Subpart A.

**Favorable Finding(s):**

Your application was filed within the prescribed time limits. Your care or services were authorized. You completed the authorized care/services.

**Partial Payment Reason(s):**

Your claim has been **partially paid** for the following reasons:

TEST: DE001 Partial Payment - TEST: Since you chose an appointment farther than your Preferred Facility, only part of your requested reimbursement is approved.

**What to do if you Disagree**

If you disagree with this decision, you may seek further review. Your options for seeking further review are [attached](http://attached). You can also find more details at [www.va.gov/health/appeals](http://www.va.gov/health/appeals) and at [www.va.gov/healthbenefits/vtp/beneficiary\_travel.asp](http://www.va.gov/healthbenefits/vtp/beneficiary_travel.asp) .

**How to Access Evidence**

You may submit a written request for a copy of the evidence used to make the decision by submitting a *Release* of *Information* form(s) to:

2361 Denial Way Suite 123

CHEYENNE, WY 82001

**How to submit a Supplemental Claim or request a Higher-Level Review**

Use VA Form 20-0995 to submit a Supplemental Claim or VA Form 20-0996 to request a Higher-Level Review. The forms are available to download and complete at [www.va.gov/vaforms/](http://www.va.gov/vaforms/) . For VA Form 20-0995 and VA Form 20-0996, for ***Benefit******Type***, check the Veterans Health Administration box and clearly identify your issue is related to BT Benefits in the Issue(s) area of the form. Submit your form(s) through [MyHealtheVet](https://www.myhealth.va.gov/) secure messaging to the Beneficiary Travel messaging group or mail to:

2361 Denial Way Suite 123

CHEYENNE, WY 82001

Sincerely,

Test T. Tester

Supervisor, Beneficiary Travel

**CC:** test partial all bullets

**Attachments:** VA Form 10-0998