

VA File number: \_\_\_\_\_

**MEMORANDUM CONCERNING IN-HOME HEALTH CARE SERVICE**

Date: \_\_\_\_/\_\_\_\_/2017

To VA Pension Management Center - Philadelphia

This is a statement of medical service that is provided to the claimant/veteran on a recurring basis.

I charge the claimant/veteran (name) - \_\_\_\_\_

\$ \_\_\_\_\_ per (hour/day/week/month) and provide these services a minimum of \_\_\_\_\_ day(s) per month, \_\_\_\_\_ hours per day. (Or Monthly amount of \$ \_\_\_\_\_)

My charge for these services due to claimant's inability to drive and care for themselves at their home located at: \_\_\_\_\_, FLORIDA

These services began for the claimant/veteran on \_\_\_\_\_ (date).

I AM AM NOT a licensed Health Care Professional.

If you are a licensed Health Care Professional, what is your title or certification?

\_\_\_\_\_

Do you provide any medical services? If so, please describe.

\_\_\_\_\_

**What other services do you provide?**

\_\_\_\_\_

\_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge and belief.

X \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Phone number)