



U.S. Department
of Veterans Affairs

Member Services
Health Eligibility Center
2957 Clairmont Rd NE STE 200
Atlanta GA 30329-1647

<Date>

<VPID/EDIPI>

<First Name> <Middle Name or Middle Initial> <Last Name><, Suffix>

<Address 1>

<Address 2>

<City> <State>, <Zip>

Dear <First Name><Last Name>:

Our records indicate that the information used to establish your benefits for VAhealth care have recently changed and that you are now enrolled in Priority Group <E08 Enrollment Priority Group> effective <E04 Date of change>. Your unique eligibility factors are:

- <F01 - F10 variable>
- <List as needed>

Your new copay, if applicable, and benefits information are provided on the reverse of this letter.

If you wish to appeal our decision, follow the instructions on the enclosed VA Form 4107VHA, — Your Rights to Appeal Our Decision. — Return your Notice of Disagreement to: Associate Director Enrollment and Eligibility Division Health Eligibility Center Department of Veterans Affairs 2957 Clairmont Road STE 200 Atlanta, GA 30329

If you have questions, you may contact the VA at the toll-free number, 1-877-222-VETS (8387) or visit your local VA medical health care facility. You may also find additional information on eligibility and enrollment on VA's website at <http://www.va.gov/healthbenefits>.

Sincerely,

Angelica (Angel) Lawrence, J.D.
Director
Health Eligibility Center