

January 5, 2021) amended section 1730A of title 38 U.S.C. to eliminate copays for the receipt of hospital care or medical services under laws administered by VA for veterans who are either Indian or urban Indian, as those terms are defined in section 4 of the Indian Health Care Improvement Act. Section 4 is codified at 25 U.S.C. 1603, and the definitions for Indian and urban Indian are located in paragraphs 13 and 28, respectively, of section 1603.

To demonstrate that a veteran meets the definition of Indian or urban Indian, as defined in 25 U.S.C. 1603(13) or (28), VA may ask the veteran to submit documentation to VA. The veteran should use VA Form 10–334 as a cover sheet for submission of documentation requested by VA. There is a decrease in the estimated annual respondents and burden hours based upon data since the last PRA clearance.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 91 FR 39164, June 29, 2026.

Affected Public: Individuals or Households.

Estimated Annual Burden: 750 hours.

Estimated Average Burden per

Respondent: 15 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 3,000.

Authority: 44 U.S.C. 3501 *et seq.*

Lanea Haynes,

Alternate, VA PRA Clearance Officer, Office of Information and Technology, Office of Data Governance and Analytics, Department of Veterans Affairs.

[FR Doc. 2026–18447 Filed 9–9–26; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0648]

Agency Information Collection Activity: Foreign Medical Program (FMP) Veteran and Provider Forms

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Veterans Health Administration (VHA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain

information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a currently approved collection, and allow 60 days for public comment in response to the notice.

DATES: Comments must be received on or before November 9, 2026.

ADDRESSES: Comments must be submitted through www.regulations.gov.

FOR FURTHER INFORMATION CONTACT:

Program-specific information:

Rebecca Mimmall, 202–695–9434, vhacopra@va.gov.

VA PRA information: Dorothy Glasgow, 202–461–1084, VAPRA@va.gov.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VHA invites comments on: (1) whether the proposed collection of information is necessary for the proper performance of VHA's functions, including whether the information will have practical utility; (2) the accuracy of VHA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Foreign Medical Program (FMP) Veteran and Provider Forms (VA Forms 10–488, 10–489 and 10–7959f–2).

OMB Control Number: 2900–0648.

<https://www.reginfo.gov/public/do/PRASearch> (Once at this link, you can enter the OMB Control Number to find the historical versions of this Information Collection).

Type of Review: Revision of a currently approved collection.

Abstract: The Foreign Medical Program (FMP) is a federal health benefits program for Veterans, which is administered by the Department of Veterans Affairs (VA) Veterans Health Administration (VHA). FMP is a Fee for Service (indemnity plan) program and provides payment/reimbursement for VA adjudicated service-connected conditions. Title 38 U.S.C. 1724 and 38 CFR 17.35 authorize VA to provide

coverage for a Veteran with a service-connected disability when the Veteran is residing or traveling overseas. Title 31 U.S.C. 3332 and 31 CFR 210 establish requirements for direct deposits of Federal payments. The information collected in the forms allows VA to expedite claim payments via direct deposit, which will alleviate delays in payment being received by both the Veteran and provider, prevent payment information from being lost, and ensure a secure payment methodology.

VA is introducing two new forms for this collection—VA Form 10–488 will be used by Veterans and VA Form 10–489 will be used by providers to register for direct deposit payment/reimbursement for foreign medical services. VA Form 10–7959f–1 is discontinued and removed from this collection because 10–488 replaces it as the registration form for Veterans. VA Form 10–7959f–2 will continue to be used as a cover sheet for submitting claims to FMP. The 10–7959f–2 form streamlines the claims submission process for claimants and providers while also reducing the time spent by VA on processing FMP claims.

a. VA Form 10–488—International Direct Deposit Enrollment (Veteran): This form collects relevant information that is used to register Veterans in the FMP who have service-connected disabilities and are living or traveling overseas.

b. VA Form 10–489—Foreign Medical Provider—International Direct Deposit Enrollment: This form collects relevant direct deposit enrollment information from the provider, which is used to pay for medical services rendered to eligible Veterans while they are overseas.

c. VA Form 10–7959f–2—Foreign Medical Program Claim Cover Sheet: This form is used for submitting claims for payment or reimbursement of medical expenses related to Veterans who are overseas and have a service-connected disability. The form outlines the basic information necessary for the consideration of claims and processing of payments.

Total hours = 25,000 hours.

Total responses = 123,000.

VA Form 10–488

Affected Public: Individuals or Households.

Estimated Annual Burden: 7,000 hours.

Estimated Average Burden per Respondent: 20 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 21,000.

VA Form 10-489

Affected Public: Individuals or Households.
Estimated Annual Burden: 2,000 hours.
Estimated Average Burden per Respondent: 20 minutes.
Frequency of Response: One time.
Estimated Number of Respondents: 6,000.

VA Form 10-7959f-2

Affected Public: Individuals or Households.
Estimated Annual Burden: 16,000 hours.
Estimated Average Burden per Respondent: 11 minutes.
Frequency of Response: 12 times per year.

Estimated Number of Respondents: 96,000.
Authority: 44 U.S.C. 3501 *et seq.*

Lanea Haynes,
Alternate, VA PRA Clearance Officer, Office of Information and Technology, Office of Data Governance and Analytics, Department of Veterans Affairs.
[FR Doc. 2026-18446 Filed 9-9-26; 8:45 am]
BILLING CODE 8320-01-P