

establish eligibility of the applicant for the purpose of reinstatement.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 500 hours.

*Estimated Average Burden Per Respondent:* 20 minutes.

*Frequency of Response:* Generally one time.

*Estimated Number of Respondents:* 1,500.

Dated: March 16, 1998.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

[FR Doc. 98-9323 Filed 4-8-98; 8:45 am]

BILLING CODE 8320-01-P

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0080]

### Agency Information Collection Activities Under OMB Review

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C., 3501 *et seq.*), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before May 11, 1998.

**FOR FURTHER INFORMATION OR A COPY OF THE SUBMISSION CONTACT:** Ron Taylor, Information Management Service (045A4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-8015 or FAX (202) 273-5981. Please refer to "OMB Control No. 2900-0080."

#### SUPPLEMENTARY INFORMATION:

*Title:* Claim for Payment of Cost of Unauthorized Medical Service, Authority and Invoice for Travel by Ambulance or Other Hired Vehicle, and Authorization and Invoice for Medical and Hospital Services.

*Form Numbers:*

a. VA Form 10-583, Claim for Payment of Cost of Unauthorized Medical Service.

b. VA Form 10-2511, Authority and Invoice for Travel by Ambulance or Other Hired Vehicle.

c. VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services.

*OMB Control Number:* 2900-0080.

*Type of Review:* Reinstatement, without change, of a previously approved collection for which approval has expired.

*Abstract:*

a. VA Form 10-583 is used by administrative personnel in VA medical facilities of fee jurisdiction to collect information for determining legal and medical eligibility of applicants for payment or reimbursement of the costs of unauthorized medical services obtained by a veteran. The form is completed by the applicant as an official claim for such benefits and by VA officials to certify the authorized payment or reimbursement and to authorize such payment. If the collection of information was not carried out, VA's ability to provide reimbursement or payment for these costs would be negated.

b. Administrative personnel in VA medical facilities to authorize expenditures from the beneficiary trust account use VA Form 10-2511. It is also used to process payment for ambulance or other hired vehicular forms of transportation to eligible veterans to and from VA health care facilities for examination, treatment or care. If the collection of information were not conducted payment to vendors for services rendered would not be possible.

c. VA Form 10-7078 is used by administrative personnel in VA medical facilities to authorize expenditures from the medical care account and process payment of medical and hospital services provided by other than Federal health providers to VA beneficiaries. Without the use of this form would complicate management and record keeping of expenditures for medical care provided at VA expense by the private sector.

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 on January 14, 1998 at page 2302.

*Affected Public:* Business or other for-profit—Individuals or households—Not-for-profit institutions—State, Local or Tribal Government.

*Estimated Total Annual Burden:* 29,671 hours.

a. VA Form 10-583—17,188 hours.

b. VA Form 10-2511—4,083 hours.

c. VA Form 10-7078—8,400 hours.

*Estimated Average Burden Per Respondent:*

a. VA Form 10-583—15 minutes.

b. VA Form 10-2511—2 minutes.

c. VA Form 10-7078—2 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 443,250.

a. VA Form 10-2421—68,750.

b. VA Form 10-2520—122,500.

c. VA Form 10-2914—252,000.

Send comments and

recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Please refer to "OMB Control No. 2900-0080" in any correspondence.

Dated: March 16, 1998.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

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## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0260]

### Agency Information Collection Activities Under OMB Review

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C., 3501 *et seq.*), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATE:** Comments must be submitted on or before May 11, 1998.

**FOR FURTHER INFORMATION OR A COPY OF THE SUBMISSION CONTACT:** Ron Taylor, Information Management Service (045A4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-8015 or FAX (202) 273-5981. Please refer to "OMB Control No. 2900-0260."

#### SUPPLEMENTAL INFORMATION:

*Title and Form Number:* Request for and Consent to Release of Medical Records Protected by Section 7332, VA Form 10-5345(R).