WMC Health | Westchester Medical Center
Westchester Medical Center Health Network

PATIENT ACCESS
EMERGENCY DEPARTMENT

Department of Veterans Affairs (VA) ER Notification

- ALWAYS use Chrome; the website will not generate in any other web explorer, go to: https://emergencycarereporting.communitycare.va.gov/#/request
- Enter your work email to receive the link to portal
- Reporting as: **PROVIDER**
- Click: **I am not a robot**
- Hit the submit button
    - You will receive an email that will include the link to the portal to submit the notification
- **Copy and paste the link you received into google chrome**
- Enter all of the information with a **red ***
- VETERAN'S INFO: **NAME, SEX, DOB, SS#, ADDRESS**
- ***FACILITY INFO:***
    - ***USE 845-483-5000 AS THE FACILITY PHONE NUMBER***
    - ***FACILITY NPI#: 1598181091***
    - ***ADDRESS: 241 North Road, Poughkeepsie NY 12601***
- ***FACILITY POINT OF CONTACT:***
    - ***Patient Accounting***
    - ***Facility Tel Number: (845-483-5233) Fax: (845-431-8182)***
    - ***Facility Email: PatientAccessVetNotificationMH@wmchealth.org***
- ***EPISODE INFORMATION:***
    - ***TIME ZONE: EASTERN***
    - ***DATE/TIME SEEN: DATE AND TIME OF REGISTRATION***
    - ***MODE OF ARRIVAL: CHOOSE ONE (Ambulance or Other)***
    - ***ADMITTED: UNKNOWN***
    - ***CHIEF COMPLAINT: IS THE DIAGNOSIS***
- ***SUBMIT NOTIFICATION***
- ***COPY AND PASTE THE SUCCESS NOTIFICATION WITHIN THE ENCOUNTER TAB COMMENTS SECTION.***
- ***SCAN THE SUCCESS NOTIFICATION UNDER INSURANCE VERIFICATION,***
- ***LABEL THE DOCUMENT AS: "VET NOTIFICATION"***
- ***SEND EMAIL TO PatientAccessVetNotificationMH@wmchealth.org, ALONG WITH THE PT'S MR# AND FIN#***

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

Emergency Care Reporting

Please submit the information below in order to be sent an email with your secured link.

Email *

John.test@wmchealth.org

Enter Your Work Email Address.

Reporting as (select one) *

Provider

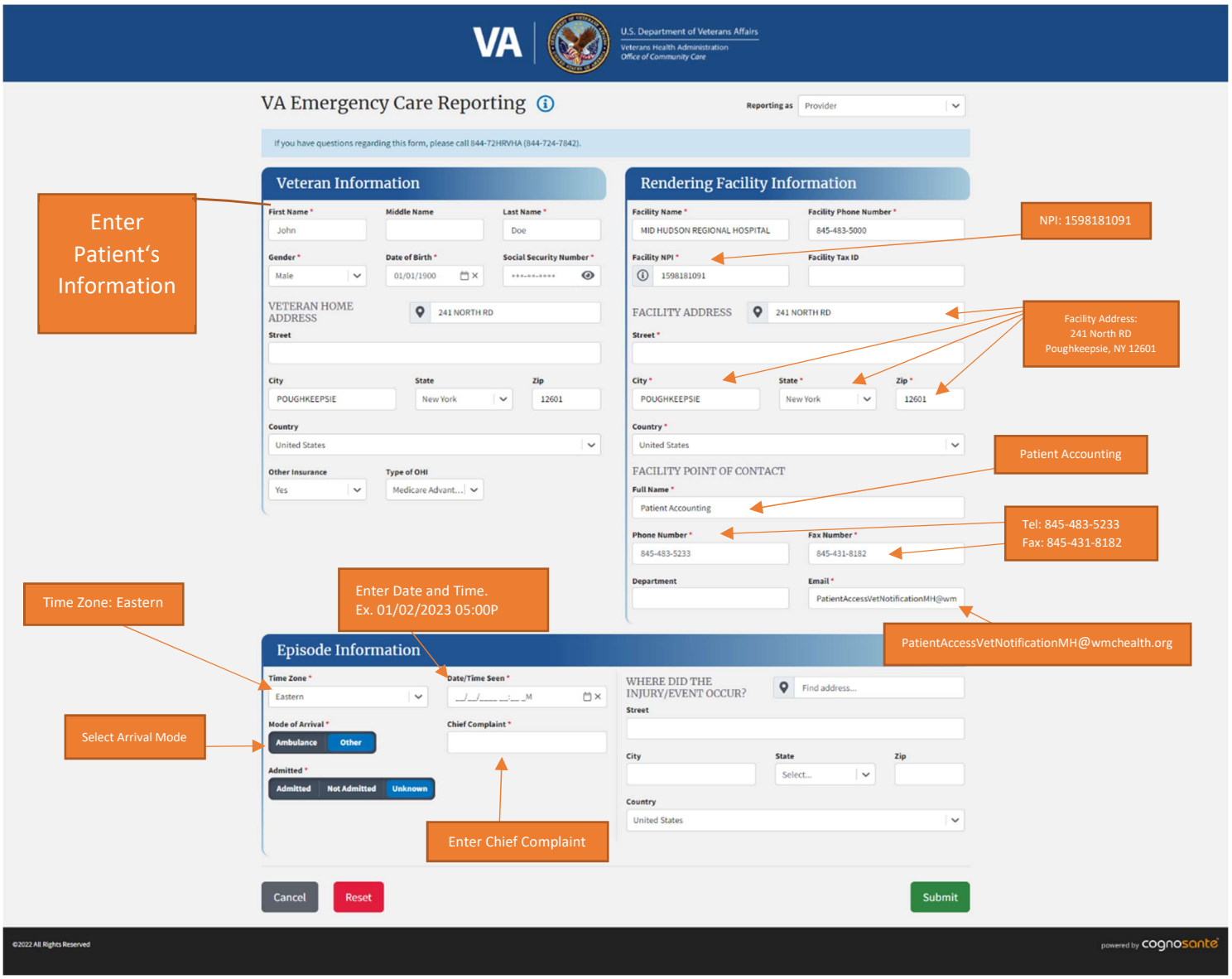
Select Provider

I'm not a robot

reCAPTCHA
Privacy - Terms

Check the Box

Submit



Send an email to PatientAccessVetNotificationMH@wmchealth.org with information provided from Veterans Affairs Notification.

Please include MRN and FIN number in the subject field.

To... ⊞ **Patient Access Vet Notification MH;**

Cc...

Subject: Vet Notification: MRN: 1234567 FIN: 777878784545

Success

Thank you for reporting emergency care.

Your notification ID is:
M-2054654654654654653

Please make note of this ID as it will be important for all future communication regarding this notification and the resulting decision.

Print and scan "Success Notification" under "Insurance Verification", and Label the document "Vet Notification"