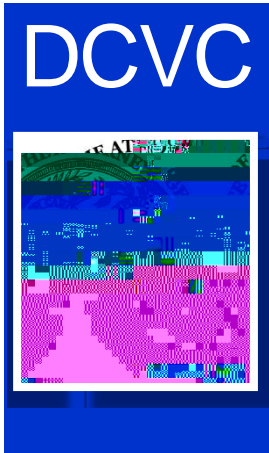


PAYMENTS AND REIMBURSEMENTS AT A GLANCE & SUPPLEMENTAL FORMS

IF: You are requesting assistance with	THEN You will need to provide
<p>Crime Related Medical/Dental/Optical Expenses</p> <p>For payments to the providers or reimbursements to victims, one or more of the following will be required for all separate crime related dates of service.</p> <p>The Department of Crime Victim Compensation is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance for treatment, DCVC will not cover the cost. It is the provider's responsibility to ensure that other avenues of payments are explored and used.</p> <p>NOTE: DCVC pays after health and dental insurance</p>	<ul style="list-style-type: none"> x UB04 Medical Claim Form (from your provider) x Health Insurance Medical Claim form (CMS-1500) (HCFA-1500) (from your provider) x Itemized bill of charges from medical provider x ADA Dental Claim Form (w/treatment plan) (certificate of dental necessity might be required) x Itemized bill from vision center for eyeglasses x ECB (Explanation of Benefit from Health/Dental insurance company) (Health/Dental/Medicaid must be filed first if a victim has private or public insurance) When the victim has Health/Dental/Medicaid Insurance coverage, he/she will have to provide information for all crime related dates of service.
<p>Crime Related Counseling Expenses</p> <p>DCVC provides reimbursement for trauma (generally considered as a medical expense) only when such service is rendered by a professional who is licensed in a specialty which includes mental health counseling; this includes LMSW (when not practicing independently), LPC, LMFT, LCSW, LISW, Psychiatrist, Psychologist, and MD.</p> <p>NOTE: DCVC's mental health policy provides payment.</p> <p>NOTE: DCVC pays after health insurance.</p>	<ul style="list-style-type: none"> x DCVC Mental Health Counselor's Report x DCVC Additional Counseling Request Form x Itemized Statement of Charges w/CPT codes, or x Health Insurance Claim Form (CMS/HCFA-1500), (Providers can fax a copy to DCVC) x Explanation of Benefit (EOB) from the health insurance company <p>NOTE: Important Information</p> <p>Payer of Last Resort: Insurance must be filed first if a victim has private or public insurance. DCVC is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance, DCVC will not cover the cost.</p> <p>Timely Filing: DCVC requires providers to submit invoices and medical claim forms within 12 months from the date of service.</p>
	<ul style="list-style-type: none"> x Copy of receipt from the pharmacy (receipt must have - patient's name, date, total charge, name of medication, RX number, name of the pharmacy and name of the doctor) or x Print out of 'patient history' from the pharmacy
<p>Crime Related Funeral Expenses</p> <p>The person who is responsible for the funeral expenses incurred may file for reimbursement relating to the cost of the funeral. That will be the person(s) who signed the contract or who paid the funeral bill.</p>	<ul style="list-style-type: none"> x Death Certificate x Itemized bill/contract (bill must include service provider's name and remit address) <p>Non-Covered Expenses:</p> <ul style="list-style-type: none"> x Medical, Dental, Travel or Lodging for family members



PAYMENTS & REIMBURSEMENTS AT A GLANCE & SUPPLEMENTAL FORMS (continued)

IF: You are requesting assistance with

THEN You will need to provide

Crime Related Lost Wages

You must meet the following criteria:

1. **Employment:** The victim must have been employed at the time of the crime,
2. **Missed time from work:** The victim must have missed two (2) or more work days as a result of the crime.