

## DCVC Physician's Disability - Loss of Support - Report

PSD24

Department of Crime Victim Compensation (DCVC) 1050 North Main Street, Room 401, Columbia, SC 29201, Telephone 803-426-7342 (TDD) 803-426-7342 (H) -  
K W W S G R C (Click on page and link to reimbursement guide under the "Providers" tab for more information)

This form applies to you:

If you are the spouse of the direct victim or the Parent/Legal Guardian of a minor child/victim who sustained a physical injury and requires individual care

If the direct victim's treating Physician certifies that it is medically necessary for you to provide individual care to the direct victim who sustained the injury

If it is medically necessary for you to miss more than two consecutive weeks from work

To the direct victim's treating Physician:

In your professional opinion, do you agree with a reasonable degree of professional certainty that the victim requires individual care from the spouse parent/legal guardian, and the care required for at least two consecutive weeks?

Yes  No

If you answered yes,

Provide the name of your patient: \_\_\_\_\_

Provide the date of the crime: \_\_\_\_\_

Section 1: Spouse or Parent/Legal Guardian Information (The person requesting loss of support)

Legal Name \_\_\_\_\_ SS# (last 5 digits) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

DCVC Claim Number \_\_\_\_\_ Crime Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Section 2 To be completed by the Treating Physician

Describe the injury sustained as a direct result of the crime: \_\_\_\_\_

Describe the care that is medically necessary to be provided by the spouse parent/legal guardian of the direct victim

Care will be required from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Type or print Treating Physician's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature of Treating Physician \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Address of Facility \_\_\_\_\_

Section 3: To the Spouse or Parent/Legal Guardian of the Direct Victim

Criteria for Lost Wages

You must meet the four criteria: (1) Employment (2) Missed time from work (3) Reportable income & (4) Disability