

**Office of the Attorney General
Department of Crime Victim Compensation**

**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: <i>DCVC pays after health and dental insurance</i></p>	<ul style="list-style-type: none"> • UB-04 Medical Claim Form (from your provider) • Health Insurance Medical Claim form (CMS-1500) (HCFA-1500) (from your provider) • Itemized bill of charges from medical provider • ADA Dental Claim Form (w/treatment plan) (certificate of dental necessity might be required) • Itemized bill from vision center for eyeglasses • EOB (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: <i>DCVC's mental health policy provides an incremental approach to outpatient mental health sessions. The provider must have received specific training in evidence-based treatment that has been shown to be effective in meeting the needs of crime victims.</i></p> <p>NOTE: <i>DCVC pays after health insurance.</i></p>	<ul style="list-style-type: none"> • DCVC Mental Health Counselor's Report • DCVC Additional Counseling Request Form • Itemized Statement of Charges w/CPT codes, or • Health Insurance Claim Form (CMS/HCFA-1500), (Providers can fax a copy to DCVC) • Explanation of Benefit (EOB) from the health insurance company <p>NOTE: Important Information 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>
<p>Crime Related Expenses for Medication</p> <p>For reimbursements to victims, one or more of the following will be required: (Some victims will have to provide additional information from his/her treating physician if the medication appears to be for a pre-existing condition or non-crime related condition.)</p> <p>NOTE: <i>DCVC pays after health insurance.</i></p>	<ul style="list-style-type: none"> • 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 • 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"> • Death Certificate • Itemized bill/contract (bill must include service provider's name and remit address) <p>Non-Covered Expenses:</p> <ul style="list-style-type: none"> • Medical, Dental, Travel or Lodging for family members

Supplemental Forms

<http://dcvc.scag.gov>



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

Supplemental Forms

IF: You are requesting assistance with	THEN: You will need to provide
<p>Crime Related Lost Wages</p> <p>You must meet the four (4) criteria:</p> <ol style="list-style-type: none"> Employment: The victim must have been employed at the time of the crime, Missed time from work: The victim must have missed two (2) consecutive weeks (14 days) from work as a direct result of the crime, Reportable income: Reimbursement is based on reportable income, and Disabled: The victim must be under the care of a treating physician. 	<p>The following documents must be submitted:</p> <ul style="list-style-type: none"> DCVC Employer's Report DCVC Physician's Disability Report Copy of your last two pay stubs (prior to the crime date). <p>NOTE: <i>Because DCVC is a payer of last resort, all sources such as annual or sick leave, long/short term disability, SSA/SSI must be exhausted before DCVC will consider lost wage benefits.</i></p>
<p>Crime Related Lost Wages</p> <p>(You were <u>self employed</u> at the time of the crime)</p> <ol style="list-style-type: none"> Employment: The victim must have been employed at the time of the crime, Missed time from work: The victim must have missed two (2) consecutive weeks (14 days) from work as a direct result of the crime, Reportable income: Reimbursement is based on reportable income, and Disabled: The victim must be under the care of a treating Physician. <p>NOTE: <i>Because DCVC is a payer of last resort, all sources such as annual or sick leave, long/short term disability, SSA/SSI must be exhausted before DCVC will consider lost wage benefits.</i></p> <p>NOTE: <i>Payment for lost wage benefits are limited to one half of the overall compensation award amount and a 12 month disability period.</i></p>	<ol style="list-style-type: none"> Disability: DCVC Physician's Disability Report (will be required to establish disability and length of disability) Employment: <ul style="list-style-type: none"> DCVC Self-Employment Verification of Lost Wages form. A copy of your Business License (if applicable), or Documentation showing you were receiving income, from the business, at the time of the crime. Reportable Income: (lost wages are calculated using information for the year of the crime) <ul style="list-style-type: none"> Tax Return Transcript from the IRS
Important Information	Unprocessable Forms
<p>The following are forms/documents that are UNPROCESSABLE and cannot be accepted.</p>	<ul style="list-style-type: none"> Final Notice Statements Bills that are not itemized Incomplete bills (missing information) Cash register receipt from pharmacy Incomplete receipt from pharmacy Collection notices
Important Information	Non-covered Expenses
<p>The noted list are some of the non-covered expenses</p>	<ul style="list-style-type: none"> Treatment not directly related to the crime on which the claim is based Over-the-counter items not prescribed by a treating physician Mileage for court appearances Hotel accommodations Public transportation Food items Household items or utilities Personal Property Mortgage or Rent