

SOVA: Physician's Disability - Loss of Support - Report

PSD24 Rev. 07/14

State Office of Victim Assistance: 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Fax 803.734.2261

WWW.SOVA.SC.GOV **** Click on payment and reimbursement guide under the "For 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 certify with a reasonable degree of professional certainty that the victim requires individual care from the spouse or parent/legal guardian, and the care is 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 _____

SOVA Claim Number _____ Crime Date _____

Home Address _____ Contact # _____

City _____ State _____ Zip code _____

Section 2 To be completed by the Treating Physician

Describe the injury/injuries sustained as a direct result of the crime: _____

Describe the care that is medically necessary to be provided by the spouse or 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 there are four criteria that must be met: (1) Employment ** SOVA Employment Report or SOVA Self-Employment Verification of Lost Wages Form **(2) Missed time from work (3) Reportable income & (4) Disability.

Limitations: If you qualify, SOVA will consider loss of support benefits for a period not to exceed one month.

Payer of Last Resort Status: Because SOVA is a payer of last resort, all sources such as annual or sick leave, long/short term disability and SSA/SSI must be exhausted before SOVA will consider lost wage benefits.

Lost Wages Compensation Rate: SOVA uses an established based amount to calculate lost wage benefits.