



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>SOVA pays the outstanding balance for compensable bills not fully covered by existing medical/dental insurance. If a victim has private or public medical/dental insurance, bills must first be filed with applicable companies/carriers before submission to SOVA for possible payment/reimbursement.</p> <p><i>NOTE: SOVA pays after health and dental insurance</i></p>	<ul style="list-style-type: none"> • UB-04 Medical Claim Form (from your provider) • UB-92 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 medical 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>SOVA 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, and MD.</p> <p>For payments to the provider or reimbursements to victims: one or more of the following will be required for all separate crime related dates of service.</p> <p><i>NOTE: SOVA pays after health insurance.</i></p>	<ul style="list-style-type: none"> • SOVA Mental Health Counselor's Report • Itemized Statement of Charges w/CPT codes, or • Health Insurance Claim Form (CMS/HCFA-1500), (Providers can fax a copy to SOVA) • 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 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 is for a pre-existing condition.)</p> <p><i>NOTE: SOVA 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 & 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> <p>If the deceased victim was an adult, the victim's spouse may file for any compensable medical expenses that he/she may have incurred.</p> <p>If the deceased victim was a minor child, the parent may file for any compensable medical expenses he/she may have incurred.</p>	<ul style="list-style-type: none"> • Death Certificate • Itemized bill/contract (* bill must include service provider's name and remit address)

