Supplemental Forms
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SOVA
SOUTH CAROLINA
State Office of Victim Assistance
Rooted in *justice*
Guided by *law*
Propelled by *humanity*

State Office of Victim Assistance

Rev. 3/15

PAYMENTS AND REIMBURSEMENTS AT A GLANCE & SUPPLEMENTAL FORMS

IF: You are requesting assistance with	THEN: You will need to provide
Crime Related Medical/Dental/Optical Expenses 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. **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.** ***NOTE: SOVA pays after health and dental insurance***	• 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 insur ance) When the victim has Health/Dental/Medicaid Insurance coverage, he/she will have to provide information for all crime related dates of service.
Crime Related Counseling Expenses 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. 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. ***NOTE: SOVA pays after health insurance.***	• 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.
Crime Related Expenses for Medication 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.)** ***NOTE: SOVA pays after health insurance.***	• 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
Crime Related Funeral Expenses 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. **If the deceased victim was an adult, the victim's spouse may file for any compensable medical expenses that he/she may have incurred.** **If the deceased victim was a minor child, the parent may file for any compensable medical expenses he/ she may have incurred.**	• Death Certificate • Itemized bill/contract (* bill must include service provider's name and remit address)

1205 Pendleton St., Brown Building Room 401, Columbia, SC 29201 • 1.800.220.5370 or 803.734.1900

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

IF: You are requesting assistance with	THEN: You will need to provide
Crime Related Lost Wages The following 4 (four) criteria must be met: 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) consecutive weeks (14 days) from work as a direct result of the crime, 3. **Reportable income:** Reimbursement is based on reportable income, and 4. **Disabled:** The victim must be under the care of a treating physician.	The following documents must be submitted • SOVA Employer's Report • SOVA Physician's Disability Report • Copy of your last two pay stubs (prior to the crime date). ***NOTE: Wages will be offset by other sources such as annual or sick leave, long/short term disability, SSA/SSI.***
Crime Related Lost Wages (You were **self employed** at the time of the crime) 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) consecutive weeks (14 days) from work as a direct result of the crime, 3. **Reportable income:** Reimbursement is based on reportable income, and 4. **Disabled:** The victim must be under the care of a treating physician. ***NOTE: Wages will be offset by other sources such as annual or sick leave, long/short term disability, SSA/SSI.***	1) **Disability:** • SOVA Physician's Disability Report (will be required to establish disability and length of disability) 2) **Employment:** • One or more of the following will be required: (to establish employment) • SOVA Employer's Report, and/or • 1099, (prior year form will be used for short term reimbursements) (lost wages are calculated using information for the year of the crime) and/or • W-2 (prior year form will be used for short term reimbursements) (lost wages are calculated using information for the year of the crime). 3) **Reportable Income:** (lost wages are calculated using information for the year of the crime) • One or more of the following will be required: (to establish income/reimbursement) • 1040 US Individual Income Tax Return (prior year form will be used for short term reimbursements), • Schedule SE (Form 1040) Self – Employment Tax Form, • Form 4070 – Employee's Report of Tips to Employer.
Important Information The following are forms/documents that are **UNPROCESSABLE** and **can not** be accepted	**Unprocessable Forms** • 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 The following is a list of some non-covered expenses	**Non-covered Expenses** • 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 • Household utilities

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