



Medical Expense Documentation Guidelines

DISCLAIMER: This material is provided for reference only; it is not meant to be legal advice of any kind. All decisions by OVS are based on the information gathered during the investigation of the claim and the law under which it operates. The approval or denial of any claim is determined on a case-by-case basis and meeting the minimum requirements outlined below does not guarantee a positive outcome.

Documentation Required by OVS

Hospital, Doctor or Ambulance Bill

- Itemized bill
- EOB if insurance and if not typical copay amount
- Medical records, office notes or APR
- Receipt if paid by claimant or bill marked paid by provider or notarized statements if 3rd party

Dental Bill

- Itemized bill
- EOB if insurance
- Dental claim form
- Original medical records or initial visit notes to show dental injury
- Receipt if paid by claimant or bill marked paid by provider or notarized statements if 3rd party

Counseling Bill*

- Itemized bill
 - EOB if insurance and if not typical copay amount
 - MHTR completed by therapist w/ copy of license information
 - Receipt if paid by claimant or bill marked paid by provider or notarized statements if 3rd party
- *Watch CPT code for family therapy (90847) - If family, need MHTR for all parties

Physical Therapy Bill

- Itemized bill
- EOB if insurance and not typical copay amount
- Prescription from referring Doctor showing duration and frequency of sessions
- Copy of initial evaluation
- Receipt, if paid by claimant or bill marked paid by provider or notarized statements if 3rd party

Chiropractic Bill

- Itemized bill
- EOB if insurance and not typical copay amount
- APR completed by Doctor
- Receipt if paid by claimant or bill marked paid by provider or notarized statements if 3rd party

Acupuncture or Massage Bill

- Itemized bill
- EOB if insurance and not typical copay amount
- Letter of medical necessity from referring medical doctor
- APR completed by therapist w/ license verification
- Receipt if paid by claimant or bill marked paid by provider or notarized statements if 3rd party

Prescriptions

- Prescription receipt or pharmacy printout – showing medication, date filled, prescribing Doctor, patient cost
- Medical documentation – if around DOC look at MR, if psych-related need MHTR, if re-occurring medical, need either an APR or Medication Report

Transportation**

- List of appointment dates from provider and why the victim was seen; can use APR, bills, etc.
- Mileage
- Car service – letter from Doctor on need for car service
- Taxi, train, subway, bus – need receipt

**Insurance may cover transportation so we need the information; WC and NF will definitely pay, Medicaid may pay

Acronyms:

APR – Attending Physician’s Report

CPT – Codes on medical bills that identify services and procedures

DOC – Date of Crime

EOB – Explanation of Benefits

MHTR – Mental Health Treatment Report

MR – Medical Records

NF – No Fault

WC – Worker’s Comp

Additional Notes:

3rd Party Payees – If claimant is requesting a third party be reimbursed for an expense (i.e.: claimant is over 18 but parent paid medical bills), OVS requires notarized statements from both parties.

Typical copay amounts are expected to be \$15, \$20, \$25, \$50, \$75, etc.