

User-Friendly Enhancements for Service-Provider Payments

Service providers will begin receiving payments from the Victim Compensation Program (VCP) in August 2008 that feature additional information to assist with accounting and billing. Payments are issued by the State Controller. The payments now include the claimant/patient name, bill information for bills included in the payment, bill ID and a "service start" and a "service end" date for each bill. (If a bill includes multiple line items, the system will list the service start date as the oldest date found within all line items and the service end date would be the latest date found.)

With the change, the new text that will be sent to service providers is as follows:

FOR A DETAILED EXPLANATION REGARDING THE BASIS FOR THIS
PAYMENT SEE REMITTANCE NOTIFICATION REF # W0009999
PREVIOUSLY SENT FOR CLAIMANT JANE DOE,
APPLICATION ID A06-9999999.

BILL ID	SERVICE START	SERVICE END
B07-09991234	08/29/2007	09/27/2007
B07-05799123	10/03/2007	10/25/2007
B08-07499999	12/05/2007	12/19/2007

WHEN YOU ACCEPT OUR PAYMENT, IT CONSTITUTES PAYMENT IN FULL.
THE VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD HAS
ADOPTED NEW MEDICAL, DENTAL AND MENTAL HEALTH FEE SCHEDULES
AND LIMITS. FOR MORE DETAILS SEE [HTTP://WWW.VCGCB.CA.GOV](http://www.vcgcb.ca.gov)

REMINDER, WHEN YOU ACCEPT OUR PAYMENT YOU AGREE TO THE FOLLOWING

- 1)OUR PAYMENT CONSTITUTES PAYMENT IN FULL.
- 2)THE VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD IS THE
PAYER OF LAST RESORT, THEREFORE PLEASE RETURN THIS PAYMENT
IF YOU RECEIVE REIMBURSEMENT FROM ANOTHER SOURCE.
- 3)THE SERVICE PROVIDED FOR THIS PAYMENT WAS RELATED TO A
QUALIFYING CRIME.

IF YOU HAVE BILL REDUCTION QUESTIONS PLEASE CONTACT: MEDICAL
DATA EXCHANGE (MDX), PO BOX 32125, LONG BEACH, CA 90832-2125

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
ACCOUNTING SECTION
PO BOX 1348
SACRAMENTO, CA 95814-1348
(800)777-9229 HEARING IMPAIRED CALL (800)735-2929

Below is an example of text that was previously sent to providers:

FOR A DETAILED EXPLANATION REGARDING THE BASIS FOR THIS
PAYMENT SEE REMITTANCE NOTIFICATION REF # W0009999
PREVIOUSLY SENT FOR APPLICATION ID A06-9999999.

WHEN YOU ACCEPT OUR PAYMENT, IT CONSTITUTES PAYMENT IN FULL.
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