

CRIME VICTIMS' COMPENSATION PORTAL TUTORIAL FOR ADVOCATES



CRIME VICTIM
& SURVIVOR
SERVICES
DIVISION

The purpose of this document is to provide advocates with guidance on using the Crime Victims' Compensation Portal when assisting victims.

CONTENTS

PORTAL USE	2
PORTAL ACCESS	3
APPLICATION ACCESS	4
CRIME VICTIMS' COMPENSATION APPLICATION: REQUIRED INFORMATION	5
Who referred you to our program?.....	4
Victim Information	4
Applicant Information (Legal Guardian).....	4
Crime Information.....	5
How can we help you?.....	5
Injuries and Expenses.....	6
Insurance Information.....	6
Optional Contact.....	6
Additional Counseling	7
Civil Attorney Information.....	7
For Homicide Claims Only	7
Advocate Contact Information.....	8
Submit.....	8
Application Submitted.....	9
COUNSELING ONLY APPLICATION: REQUIRED INFORMATION	11
Who referred you to our program?.....	10
Victim Information	10
Insurance Information.....	10
Optional Contact.....	11
Counselor Information.....	11
Crime Information.....	11
Submit.....	12
Application Submitted.....	12
EXPLORING THE PORTAL	13
CLAIM INFORMATION	15
Claim Detail.....	15
Payment	16
Payment Detail	16
Forms.....	17
DOCUMENT UPLOAD	17
CONTACTING US	17
BILLING CRIME VICTIMS' COMPENSATION	18
Insurance	17
Fee Schedule/Write-off	17
Sending Victims to Collections	17
Counseling.....	17
Vision	17
Dental	18

Crime Victims' Compensation Portal Tutorial for Advocates

PORTAL USE

Advocates may have limited access to the Crime Victims' Compensation (CVC) portal for the purpose of assisting victims with applying for and managing their claim. Additional functions of the portal include:

Portal Features

- Submitting an application on behalf of a victim or applicant
- Uploading documentation
- Viewing claim status and payment information
- Searching for claims using a claim number
- Identifying and e-mailing the claim specialist

All CVC applications must include the electronic or uploaded signature of the victim/applicant to be processed.

PORTAL ACCESS

Advocates must first register for portal access at:

<https://justice.oregon.gov/victims/compensation/Account/Login>.

1. Click on "Register".
2. Select "Advocate" as your role.
3. Enter your information and create a password.
4. Click "Register".
5. Wait for a message stating your registration was approved, then confirm your email address.

The screenshot shows the registration page for the Crime Victims' Compensation Portal. The page has a purple header with three tabs: "Crime Victims' Compensation Portal", "Tutorial for Crime Victims", and "Tutorial for Service Providers". The main content area is white and contains a list of benefits from creating a Claims Management account, a login form with email and password fields, and "REGISTER" and "SIGN IN" buttons. The "REGISTER" button is highlighted with a red border. A "Forgot your password?" link is located below the "SIGN IN" button.

Resulting the impact of crime on the lives of victims and survivors

Crime Victims' Compensation Portal Tutorial for Crime Victims Tutorial for Service Providers

By creating a Claims Management account, you can:

- Submit an application.
- Upload documents to a claim.
- Check claim status and payments.
- Request Assistance on a claim.

Claim information can only be accessed by the listed victim or applicant, and will not be released without their permission. Please contact cvssdportal@doj.state.or.us to request to be added to a claim.

CVSSDPortal@doj.state.or.us

REGISTER **SIGN IN**

[Forgot your password?](#)

Things to Know

- Once you have submitted your registration, CVSSD will review and approve your access. This will take between one and three business days.
- Once your access has been approved, you're asked to confirm your email address.
- You must use your work email address to register.
- You will have access to claims in your county. If you serve multiple counties, contact CVSSD to expand your access.
- If the application is submitted by an advocate, the victim can contact CVSSD at CVSSDPortal@doj.state.or.us and request to be linked to their claim.
 - *The victim/applicant must be register for the portal first.

SUBMITTING AN APPLICATION

Advocates may assist victims or applicants in filling out an application. The victim or applicant must sign the application for it to be submitted. This may be done electronically or by uploading a signature page once CVC has imported the application.

Application Options

1. The [Crime Victims' Compensation Application](#) should be used when the crime has been reported to law enforcement, the victim is a child, and/or the victim is deceased.
2. The [Counseling Only Application](#) should be used if the survivor is a victim of sexual assault, domestic violence, stalking or human trafficking and did not report the incident(s) to law enforcement, request a protective order, or have a sexual assault forensic exam. If any of these actions have been taken, the victim should use the Crime Victims' Compensation application.

APPLICATION ACCESS

1. Login to the portal - <https://justice.oregon.gov/victims/compensation/Account/Login>.



2. Select "File an Application".
3. Select "Crime Victims' Compensation" or "Counseling Only".



CRIME VICTIMS' COMPENSATION APPLICATION: REQUIRED INFORMATION

All required fields are highlighted in yellow.

Who referred you to our program?

APPLICATION FORM		
Please complete the highlighted fields		
Who referred you to our program?		
<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Victim Assistance Program	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> Tribal Advocate	<input type="checkbox"/> Child Abuse Assessment Center	<input type="checkbox"/> Other: <input type="text"/>
You are filing this application because you are (check one):		
<input type="checkbox"/> The victim of a crime	<input type="checkbox"/> The parent or guardian of adult victim who can't apply on their own	
<input type="checkbox"/> The parent or guardian of a crime victim under 18 years of age	<input type="checkbox"/> Other (explain) <input type="text"/>	
<input type="checkbox"/> A family member of a victim who died as the result of the crime		

- Advocates should select “Victims Assistance Program” or “Other” if at a non-profit organization.

Victim Information

Victim Information			
(Person who is injured or deceased)			
First Name:	Middle Name:	Last Name:	
Mailing Address:	Apt #:	City:	State: Oregon
Phone:	Social Security Number:	Language Spoken: English	
Date of Birth:	If victim is deceased, date of death:		Gender: Please Select
May we contact you by email? No	If yes, please provide your email address:		

- The victim's information is always required.

Victim Information

- If the victim is homeless:** Add “homeless” to the mailing address or list the address of a friend or family member whose address is ok to use.
- If a child victim is in DHS custody:** Add the address of the DHS office where the child's caseworker works.
- Social Security Number:** Victims are not required to list their social security number on the application and CVSSD does not look at the victim's legal status at any time during the life of a claim
- E-Mail:** If the victim/applicant prefers to be contacted by e-mail please make sure to provide the e-mail address.

Applicant Information (Legal Guardian)

Applicant Information			
(Parent or Guardian of injured victim, or family member of deceased victim)			
First Name:	Middle Name:	Last Name:	
Mailing Address:	Apt #:	City:	State: Oregon
Phone:	Social Security Number (see page 8):		Zip:
Date of Birth:	Gender: Select a Gender	Language Spoken: Select a Language	
May we contact you by email? No	Your relationship to the victim		
	If yes, please provide your email address:		

- This section is required if the victim is under the age of 14 or is deceased.

Crime Information

Crime Information (Required for all claims)				
Type of Crime:	Select Type of Crime			
Did the crime involve a vehicle?				Please select
Alleged Suspect (if known):		Last Name		Date of Birth
First Name				
Additional Suspect (if applicable):		Last Name		Date of Birth
First Name				
Date of Crime:	Date Reported:	Report Number:		
Name of Police Department reported to:		Name of Officer:		
Select Police Department				
Was the crime reported within 72 hours?				No
If No, please explain why (required):				
Location of Crime:	City:	State:	Zip:	County:
		Oregon		Select County

While it is helpful to have as much information as possible about the crime, only the highlighted fields are required to submit the application.

Crime Information

- Type of Crime:** Select the type of crime that describes the incident.
- Did the crime involve a vehicle?** Mark this question as “yes” if a vehicle was involved or if the victim was in a vehicle when the crime occurred.
- Alleged Suspect:** If the suspect is unknown, type “unknown” in the first and last name fields.
- Date of Crime:** While this field is not required, this information is important to include if available.
- Name of Police Department:** Select the law enforcement agency that received a report about this incident.
 - If the crime was not reported, mark “unreported” and provide explanation in the next box.
 - If reported to the Department of Human Services, select “DHS”.
- Location of Crime:** Be as specific as possible. This can be an address, intersection, or the name of a business.

How can we help you?

How can we help you?			
Check all that apply			
<input type="checkbox"/> Medical	<input type="checkbox"/> Counseling	<input type="checkbox"/> Loss of Earnings	
<input type="checkbox"/> Dental	<input type="checkbox"/> Physical Rehabilitation	<input type="checkbox"/> Transportation	
(For homicide claims only):		<input type="checkbox"/> Loss of Support	
		<input type="checkbox"/> Funeral	
		<input type="checkbox"/> Survivor Counseling	
Was the victim employed at the time of the crime and applying for loss of earnings or loss of support?			Please Select
Name of Victim's Employer:	Address:	Phone:	Returned to work?
			Please select
Did you miss more than two weeks of work?			Please Select
Name of Victim's Doctor:	Address:	Phone:	Date returned to work.
Do you have any of the following to help with Loss of Earnings or Support?			
<input type="checkbox"/> Sick Pay or Disability through employer		<input type="checkbox"/> Social Security	
<input type="checkbox"/> Workers' Compensation			

- Select the crime-related benefits the victim is requesting.
- Victims who were employed at the time of the crime and lost earnings as a result may request Loss of Earnings. Loss of Support should be selected when a victim of homicide was employed and financially supporting dependents at time of the crime. If requesting either Loss of Support or Loss of Earnings, be sure to complete all highlighted fields.
- If the crime happened at a victim's place of employment, a Workers' Compensation claim needs to be filed as well.

Injuries and Expenses

Injuries and Expenses					
Please describe your injuries (including mental trauma) resulting from the crime:					
<div style="border: 1px solid black; height: 30px;"></div>					
Have you had any medical treatment or counseling as a result of the crime? Please list providers seen for crime-related injuries or trauma, paid or unpaid:					No
Provider Name:	Address:	City:	State:	Zip:	Phone Number:
			Select a State		
			Select a State		
			Select a State		

- This section is not required. The “describe your injuries” field provides space for victims and applicants to share additional information with CVSSD.

Insurance Information

Insurance Information	
(required for all claims)	
Please check ALL that apply to the victim at the time of the crime, or as the result of the crime. List insurance company and other resource information below. (use additional pages if necessary)	
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Medicare
<input type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> Workers' Compensation
	<input type="checkbox"/> Dental
	<input type="checkbox"/> None
Insurance Company Name:	
<div style="border: 1px solid black; height: 20px;"></div>	
Do you have auto insurance?	No
If yes, Auto insurance name	Claim #

- Check the boxes for any of the insurance coverage the victim has including Oregon Health Plan, private health insurance (e.g. Blue Cross, MODA, Cigna, Keizer, etc.), and/or dental.

*If the victim has private insurance, the name of the insurance company is required.

*If a vehicle was involved, the auto insurance section is required.

Optional Contact

Optional Contact Person		
(Person we can talk to about your claim)		
First Name:	Middle Name:	Last Name:
Contact person's phone:	Contact person's relationship to the victim:	Language Spoken:

- The optional contact person is someone the victim or applicant gives CVCP permission to discuss their claim. CVCP is unable to talk to any person who is not listed in this section. If preferred, the optional contact person may act as the primary point of contact for CVCP.

Optional Contact

Examples for optional contacts include a family member (e.g. other parent) or close friend.

Additional Counseling

Additional Counseling			
Did anyone besides the victim receive or will be requesting counseling because of the crime? (Homicide Survivor Counseling, Child witness to domestic violence, family member of child victim of sex abuse).			No
Name of Family Member:		Date of Birth:	Relationship to Victim:
First Name	Last Name		Insurance Carrier:
First Name	Last Name		
First Name	Last Name		

- For each family member listed, include their name, date of birth, relationship to the victim, and insurance carrier.

Additional Counseling

This benefit is for immediate family members of:

- Victims of child physical or sexual abuse
- Victims of homicide

Children who have witnessed domestic violence and individuals who were the first to discover the corpse of a friend or acquaintance may also be eligible for this benefit.

For more details on how many sessions are authorized please contact the claim specialist.

Civil Attorney Information

Civil Attorney Information			
Have you hired an attorney regarding a civil suit involving this crime?			No
Attorney Name:		Telephone:	
First Name	Last Name		
Address:	City:	State:	Zip:
		Select a State	

- If the victim has hired a civil attorney in relation to this incident, select “yes” from the drop down menu. If “yes” has been selected, the remainder of the fields in this section become required. If the victim is unsure if they will hire a civil attorney to represent them, select “undecided” from the list.

For Homicide Claims Only

For Homicide Claims Only				
Please list all out-of-pocket and unpaid Funeral Expenses:				
Provider of Funeral Services:	Address:	City:	State:	Zip:
			Select a State	
			Select a State	
At the time of death, was the victim financially supporting any dependents?				No
Name of Dependent:		Date of Birth:	Address:	Relationship to Victim:
First Name	Last Name			
First Name	Last Name			

- This section is only to be used if the victim is deceased.

Homicide Claims

- **Provider of Funeral Services:** Add any funeral provider information you may have.
- **Dependents:** If the victim was financially supporting any dependents, complete the appropriate fields in this section for each dependent.

Advocate Contact Information

Advocate Contact Information (Person who is assisting victim with application)		County:
Advocate name:	Advocate e-mail:	Marion
Cecilia	cecilia.v.lucero@doj.state.or.us	Advocate phone#: 503-378-6269

- The contact information you provided in your portal profile should auto-populate in this section.

Submit

Submit

Once all the required fields (highlighted yellow) are complete, click “submit”. If required information was not listed or if the signature does not match the name on the application, you will need to correct these items before submitting the application.

Missing Information: If you did not complete a required field, the portal will automatically redirect you to the incomplete section and provide additional instructions in red font.

You must check at least one who referred you checkbox.

Who referred you to our program?

<input type="checkbox"/>	Police
<input type="checkbox"/>	DA Office
<input type="checkbox"/>	Medical Provider
<input type="checkbox"/>	Other: <input type="text"/>

You are filing this application because you are (check

Signature Error: If you receive the signature error, check that the name in the Victim Information section (or Applicant Section if used) matches exactly.

- Check for and remove extra spaces in the name fields. This is the most common cause of a signature error.
- If a middle name is entered, make sure to include it in the signature as well.

By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.

Signature of Victim/Applicant:	Date:
Test Signature	10/14/2019
The signature must match either the victim or the applicant.	
Signature of 14-17 year old:	Date:

Application Submitted

Your Online Web Claim Submission has been submitted. Your Online Submission Id is **52309**.

Please allow 3 - 5 days to access claim.

If you have any questions email cvssdportal@doj.state.or.us

Go Back to [My Claims](#)

- Immediately after submitting the application you will receive confirmation and the submission ID.
- As an advocate, you will have access to claims you have submitted under the Claims Submissions section.
- An email notification that includes the assigned claim number will be sent from CVC once the application has been received and imported into the system.

COUNSELING ONLY APPLICATION: REQUIRED INFORMATION

Who referred you to our program?

Who referred you to our program?		
<input type="checkbox"/> Police	<input type="checkbox"/> Victim Assistance Program	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> DA Office		<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

➤ If the victim was referred by an agency please check the appropriate box.

Victim Information

Victim Information <small>(Person who is injured or deceased)</small>					
First Name:		Middle Name:		Last Name:	
Mailing Address:		Apt #:		City:	
Phone:		Social Security Number:		State: Oregon	
Date of Birth:		If victim is deceased, date of death:			Language Spoken: English
May we contact you by email? No		If yes, please provide your email address:			
		Gender: Please Select			

➤ The victim's information is always required.

Victim Information

- If the victim is homeless:** Add "homeless" to the mailing address or list the address of a friend or family members that is safe or appropriate to use.
- E-Mail:** If the victim/applicant prefers to be contacted by e-mail, make sure to provide the e-mail address.

Insurance Information

Insurance Information <small>(required for all claims)</small>	
<small>Please check ALL that apply to the victim at the time of the crime, or as the result of the crime. List insurance company and other resource information below. (use additional pages if necessary)</small>	
<input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Oregon Health Plan <input type="checkbox"/> None	
Insurance Company Name:	Insurance Policy Owner Name:

➤ Check the boxes for any of the insurance coverage the victim has including Oregon Health Plan, private health insurance (e.g. Blue Cross, MODA, Cigna, Keizer, etc.), and/or dental insurance. If the victim has private health insurance include the name of the insurance company.

Optional Contact

Optional Contact Person (Person we can talk to about your claim)		
First Name:	Middle Name:	Last Name:
Contact person's phone:	Contact person's relationship to the victim:	Language Spoken:

- The optional contact person is someone the victim or applicant gives CVCP permission to discuss their claim. CVCP is unable to talk to any person who is not listed in this section. If preferred, the optional contact person may act as the primary point of contact for CVCP.

Optional Contact

Examples for optional contacts include a family member (e.g. other parent) or close friend.

Counselor Information

Counselor Information			
Counselor Name (First, Last):			Licensure:
Mailing Address:			
City:	State: Select a State	Zip:	Phone:

- If the victim is seeing a counselor for crime-related treatment, provide the counselor's information here.

Crime Information

Crime Information	
Type of Crime	Date of Crime
Select Type of Crime	01/01/0001
Offender's Name (if known):	
First Name	Last Name
Additional Offender's Name (if applicable):	
First Name	Last Name
Did the crime occur in Oregon?	What county did the crime occur?
No	Select County
Have you reported this incident?(you are not required to report)	Name of Police Department reported to:
No	Select Police Department
Did you file a Protective Order or undergo a Sexual Assault Examination?	No
If yes, in which county did you file the order or undergo the exam?:	
Select County	
Please describe the incident(s):	

- Most of the crime information fields are required. Please complete the highlighted fields. Depending on the information that is added, other fields might become required.

Crime Information

1. **Type of Crime:** Select a type of crime that best fits the incident.
2. **Crime Date:** If you don't know the exact date, please enter your best estimate.
3. **Alleged Suspect:** If the suspect is unknown, type "unknown" for first and last name.
4. **Describe the Incident:** Describe the incident with as much information as possible to help the CVC program make a determination on the claim.

Submit

Submit

- Once all the required fields (highlighted in yellow) are complete, click "submit".
- If a required field was missed, the portal will redirect you to the incomplete section.
- **Signature Error:** If you receive the signature error, check that the name shown in the victim section (or applicant section if an applicant is entered) matches the signature exactly.
 - Check for and remove any extra spaces in the name fields. This is the most common cause of a signature error.
 - If a middle name is entered, make sure to include it in the signature as well.

By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.

Signature of Victim/Applicant:	Date:
<input type="text" value="Test Signature"/>	10/14/2019

The signature must match either the victim or the applicant.

Application Submitted

Your Online Web Claim Submission has been submitted. Your Online Submission Id is **62309**.

Please allow 3 - 5 days to access claim.

If you have any questions email: cvsportal@doj.state.or.us

Go Back to [My Claims](#)

- Immediately after submitting the application you will receive confirmation and the submission ID.
- As the advocate who submitted the application you will have access to it under the Claims Submissions section.

EXPLORING THE PORTAL

CLAIM SEARCH

There are two main ways to locate a claim.

1. If you helped the victim fill out an application through your account on the portal, the claim will appear under Claims Submissions. Use the filter to search if you have a lot of claims in your view.

Edit	Claim Number	Online Submission Id	Submission Date	Victim	Application Status
		52262	09/03/2019	cecilia test	Submitted

Claim Submission – Field Explanation

1. **Edit:** The edit icon is not available under the advocate role since applications are not able to be saved.
 2. **Number:** The number CVC assigns to a victim’s application.
 3. **Online Submission Id:** This ID is assigned at the time the application is submitted.
 4. **Victim:** The name of victim/survivor.
 5. **Application Status:**
 - a. **“Submitted”:** The application has been submitted, but CVC has not reviewed it yet.
 - b. **“Incomplete”:** Victim or applicant has saved the application to their profile but have not submitted it yet.
 - c. **“Received”:** CVC received and imported the application into their system.
2. If you did not help the victim apply through your portal account, you can search for it by the claim number. Do this by entering the numerical part of the claim number. If you do not have the claim number, e-mail CVSSD to request it at cvssdportal@doj.state.or.us.

Search: CV

NOTE: To make searching simple please enter only the number in a CV number (example 01234-01)

The search results will populate below.

Search Results									
Filter: <input type="text"/>									Display 25 ▾
	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Specialist	Status	
Select Claim	CV 05029-07	Doe, Jane	Claim accepted	07/11/2017	06/06/2021	Christy	Christy	Predetermined	

Showing 1 to 1 of 1 entries

Search – Field Explanation

1. **Claim Number:** The number CVC assigns to a victim’s application.
2. **Victim:** The name of victim/survivor.
3. **Claim Determination Status:** The determination status of the claim.
4. **Date Received:** The date when the application was received.
5. **Claim Expiration Date:** The date when the claim will expire.
6. **Assigned Examiner:** The person who determines eligibility.
7. **Assigned Specialist:** The person who assists in processing bills.
8. **Status:** Status of the CVC claim (different from the determination status).
 - a. **“Predetermined”:** CVC is reviewing the claim
 - b. **“Inactive”:** CVC accepted the claim, but it has been moved to inactive status due to lack of activity (e.g. no bills)
 - c. **“Open-Accepted”:** CVC is actively processing bills or requesting information.

CLAIM INFORMATION

Claim Detail

To see claim information, click on “Select Claim”.



This section shows information about the claim including the date of the crime, the victim’s insurance information, and the determination status.

CV 05029-07			
Claim Detail		Payments	Forms
Claim Detail			
Victim:	Doe, Jane		
Claim Number:	CV 05029-07		
Date Received:	07/11/2017		
Status:	Predetermined		
Claim Expiration Date:	06/06/2021		
Date Of Crimes:	12/17/2007		
Referred By:	Child Assessment Center		
Examiner Assigned:	Christy		
Specialist Assigned:	Christy		
Reported To:	Marion County Sheriff's office		
Date Reported:			
Crime County:	Marion		
Determination Status:	Claim accepted		
Determination Date:	06/06/2018		
Insurance			
Filter: <input type="text"/> Show 10 ▾			
Organization Name	Type	Effective Date	Policy Number
OHP	Current Health Insurance	1/1/2017 12:00:00 AM	ZB23651B
Blue Cross Blue Shield of Idaho	Current Health Insurance	1/1/2017 12:00:00 AM	

Showing 1 to 2 of 2 entries

Claim Info-Field Explanation

Insurance Information Section: The name of the current insurance company, the effective date, and the policy number (or OHP ID) will be shown.

From this page you can tab to “Payments” and “Forms”. You can also return to the main page by clicking on “Claims Search”.

Payment

By selecting the “Payment” tab, you will see payments made under the claim.

	Pay To	Transaction Type	Provider Name	Amount Paid
Detail	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$30.00
Detail	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$425.00
Detail	Providence St Vincent Medical Center-payments	Hospital	Providence St Vincent Medical Center-payments	\$200.00
Detail	Providence St Vincent Medical Center-payments	Hospital	Providence St Vincent Medical Center-payments	\$19,424.20
Detail	West Valley Fire District	Ambulance	West Valley Fire District	\$777.00

Payment - Field Explanation

1. **Detail:** Additional information for that specific payment.
2. **Pay To:** The person or provider to whom the payment was made.
3. **Transaction Type:** The type of service the victim received.
4. **Provider Name:** The provider who provided the service the victim.
5. **Amount Paid:** The amount CVSSD paid.

Payment Detail

Click on “detail” of the payment for more information.

Payment Detail

Pay To: Western Psychological & Counseling - Corporate

Date Service Started: 02/15/2017
Date Service Ended: 03/09/2017

Provider Name: Western Psychological & Counseling - Corporate
Transaction Type: Counseling

Account Number:
Date Bill Received:
Amount Billed: \$700.00
Amount Allowed:
Paid By Prior: (\$0.00)
Fee Schedule: (\$275.00)
Other Deductions: (\$0.00)
Amount Of Payment: \$425.00

Authorized By: Cecilia Lucero
Date Authored By: 02/13/2018
Check Comments: Dates of service 2/15/17 (Intake), 2/22/17, 3/2/17, & 3/9/17. 12 Counseling hours.
Check Request Verbiage: Fee Schedule Reduction LCSW, LPC, LMFT

Close

1. **Amount Billed:** May include one or more dates of service.
2. **Paid by Prior:** The amount shows the victim’s insurance payment and deductible.
3. **Fee Schedule:** The amount a provider writes-off that must be taken if the provider accepts payment from CVCP.
4. **Other Deductions:** May include out-of-pocket payments or restitution paid to the provider or victim.
5. **Date Authorized:** The date the payment was authorized and sent to fiscal for payment processing.
6. **Check Comments:** May include specific dates of services, counseling hours remaining, etc.
7. **Amount Paid:** This is the amount CVSSD paid.

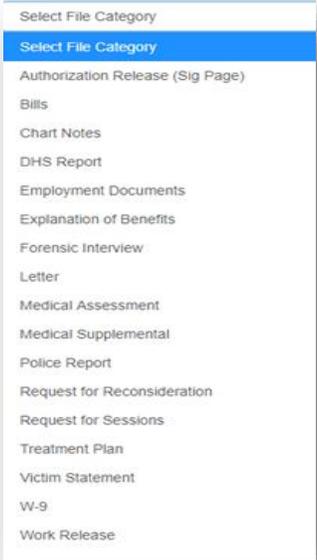
Forms

CVC will be adding more forms to the portal in the future. The “Getting Started with Crime Victims” is the initial letter we send to participants.



DOCUMENT UPLOAD

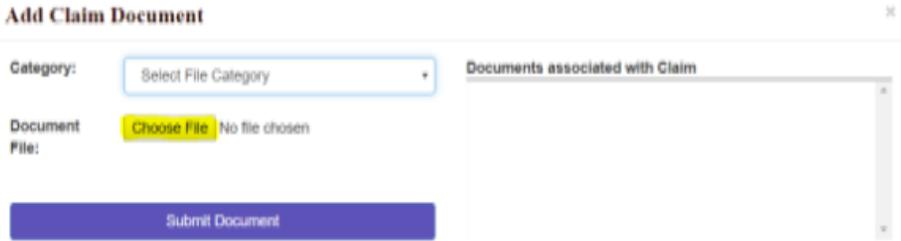
The documents listed below can be uploaded through the portal. Please upload any statements or bills you receive from the victim.



This is the upload icon that can be found throughout the portal.



1. Select the upload icon for the appropriate claim.
2. Select Category – choose the type of document you are uploading.
3. Click on “Choose File” to browse your computer for the document.
4. Click on “Submit”



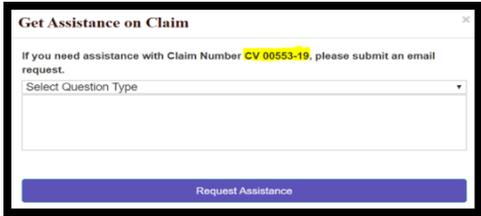
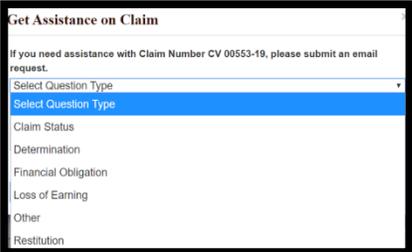
CONTACTING US

If you have questions regarding a specific claim, contact us through the portal.

This is the message icon that can be found throughout the portal.



1. Select the message icon for the appropriate claim.
2. Select the type of question from the dropdown menu. This helps our system identify the best way to route your message.
3. Enter your message and then click “Request Assistance”.
4. Please allow one to three business days for a staff member to respond.



BILLING CRIME VICTIMS' COMPENSATION

Crime Victims' Compensation (CVC) assists victims with an accepted claim in paying for crime-related medical and counseling treatment. We've included this information to assist you in answering questions you may receive from victims. If you and/or the victim/applicant, have questions after reviewing the information below, please feel free to contact us at 503-378-5348 or cvssd@doj.state.or.us .

Insurance

The victim will need to provide all necessary medical and auto (if appropriate) information to each provider. If the victim has insurance (including OHP), the insurance must be billed as primary. The provider must submit the explanation of benefits (EOB) to CVC. Insurance must be billed in a timely fashion as CVC can only pay patient responsibility. If the primary insurance denies for untimely billing and there is no patient responsibility, CVC may deny payment as well.

Fee Schedule/Write-off

If the patient does not have insurance, a Workers' Compensation Fee Schedule will be applied. By law, the provider cannot bill the patient for the fee schedule (write-off).

Sending Victims to Collections

The victim will need to contact their providers to let them know that they have a CVC claim. If the victim has been sent to collections for any crime related medical bills, please notify CVC.

Counseling

- Chart notes are not required for counseling sessions unless requested by CVC.
- A treatment plan is required after 15 sessions.
- Therapist must be licensed.
- Therapy is reimbursed using the CVC fee schedule.
- Contact CVC with the name and address of the therapist so that CVC can send the provider a packet authorizing sessions.

Vision

- CVC will reimburse the provider for the exam and office visit using the workers comp fee schedule.
- The victim will need to pay for glasses and then be reimbursed by CVC for their out of pocket expense. CVC cannot pre-pay for services.

Dental

- Dental work must be pre-authorized. The provider will need to submit a treatment plan and chart notes.
- CVC will reimburse the provider using the dental fee schedule when there is not dental insurance coverage.

If you have any questions, please e-mail us at
CVSSDPortal@doj.state.or.us