Be advise that before a bill can be considered "acceptable" for payment by the Victim Compensation and Government Claims Board, the following sections must be completed correctly or the bill will be returned and payment may be delayed

Section Number on CMS 1450 Form	Information listed below is needed in each section to process your bill
1	Provider Name/Address
3	Claimant's/Patient's Account Number
5	Tax ID/SSN/FEIN Number of Payee as Registered with IRS
6	Dates of Services
12	Claimant's/Patient's Name
13	Claimant's/Patient's Address
38	Claimant's/Patient's Name and Address
43-46	Itemized Expenses
47	Total Charges/Billed Amount
58	Claimant's/Patient's Name
60*	Claimant's VCP Claim Number/SSN
67	Primary Diagnosis Code
82 & 85	Physician's Name/License Number/Signature/Date

***Claim Number** is not required if not listed.**

ATTENTION ALL PROVIDERS ALREADY IN OUR SYSTEM: Number 1 and Number 5 on your bill must match exactly to what is in the system. If YOU/PROVIDER has a new Tax Id please notify the Program immediately