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 1500 Form	Information listed below is needed in each section to process your bill
1A* & 23*	**VCP Claim Number/Insured's ID Number**
2	Claimant's Name
5	Claimant's/Patient's address
21 & 24E	Diagnosis Codes
24A	Dates of Services
24D	Procedure Codes
24K	**Intern Name & Registration Number**
25	Tax Id/SSN/FEIN Number of Payee as Registered with IRS
28	Total Charges/Billed Amount
31	Provider/Treating/Supervising Therapist's Name, License Number, Signature/Signature stamp and date
32	**Name & address where services rendered if different than box 33**
33	Provider/Payee's Name as Registered with IRS, address & phone number

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

ATTENTION ALL PROVIDERS ALREADY IN OUR SYSTEM: Number 25 and Number 33 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