

November 2022

WebFile User Manual

Victim/Witness Advocates



VIRGINIA VICTIMS FUND

Helping Innocent Victims of Crime

OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND



45 1977 - 2022
ANNIVERSARY

Contact Number: 1-800-552-4007

333 East Franklin Street, Richmond, Virginia 23219

PO Box 26927, Richmond, VA 23261

Email: VFOutreach@virginiavictimsfund.org

Website: virginiavictimsfund.org



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About Virginia Victims Fund

(Officially the Criminal Injuries Compensation Fund)

On July 1, 1977, the Virginia Compensating Victims of Crime Act was enacted to compensate victims who suffer injuries as a result of a crime (§ 19.2-368.1 et seq., Code of Virginia) (hereafter “the Act”). Benefits are limited to a total of \$35,000 (for crime incident dates after July 1, 2019) and are payable for medical and dental expenses, wage loss, moving, crime scene clean-up, counseling, funeral expenses, and other crime-related expenses incurred by or on behalf of a victim.

The program is administered through the Virginia Victims Fund. The mission of the Fund is to administer the Act in a compassionate, fair and efficient manner. In doing so, the Fund strives to treat every victim and survivor with dignity and respect, recognizing the tremendous impact that violent crime has upon our society. As of July 2008, the Fund also administers the Sexual Assault Forensic Exam (SAFE) Payment Program for the Commonwealth. The Virginia Victims Fund (VVF) is a division of the Virginia Workers' Compensation Commission.

Claim and Expense Eligibility, and the Payment Process

When administering the Fund and making claims determinations, the policy manual, the SAFE payment policy manual, the Act, and the grant rules of the Victims’ of Crime Act [Victims of Crime Act of 1984, Pub. L. No. 104-235, codified at 42 U.S.C. §§ 10601-10605, 18 U.S.C. § 3050], must all be considered.

For both VVF and SAFE claims, a three-step process is utilized to determine eligibility. First, claim eligibility must be determined by comparing the facts of the case to laws and policy. Second, each expense submitted for consideration must be determined to be related to the crime and eligible under law and policy. Third, each expense submitted must be reduced by all collateral resources, and a signed Memorandum of Agreement (MOA) from the service provider must be on file. The Fund is the payer of last resort. Only when the claim and expense are both deemed eligible can payment be approved. Payment is distributed by the Virginia Department of Treasury within thirty (30) days of award.



Purpose of WebFile

WebFile is a resource that the Virginia Victims Fund provides to Victim/Witness Assistance Programs allowing them to make electronic claim submissions on behalf of crime victims. WebFile access is granted to advocates who have completed required training and signed a WebFile User Agreement.

Benefits of WebFile include the ability to:

- ✓ Submit claims quickly and securely;
- ✓ Monitor the ongoing status of a submitted claim in real time;
- ✓ Communicate directly with the examiner handling the claim;
- ✓ Upload requested PDF documentation in the claim; and
- ✓ View any outgoing correspondence related to the claim.

Victims provide permission for their Victim/Witness Advocate to submit and monitor their claim through an authorization form, which is required with the submission of an application.





WebFile Security

The WebFile system uses a variety of security protocols to help ensure that case records remain confidential. Key components of this structure, which governs access rights, are usernames and passwords.





Username

All WebFile users will have individual usernames. The username cannot be changed after the registration and activation process is complete.

Password

All users are required to use a password along with their unique username. The initial password will be set up by the Virginia Victims Fund. The user will then set up a new password at the time of activation/registration.

Password Criteria

-  Must be at least eight characters in length
-  Must have at least one number
-  Must have at least one letter
-  Must contain one special character (e.g., \$#@!)

Timeout Feature

The system has been set up with a 45-minute timeout feature. If there is no activity within 45 minutes, the user will receive a message notifying them that they will need to extend the session in WebFile to continue.

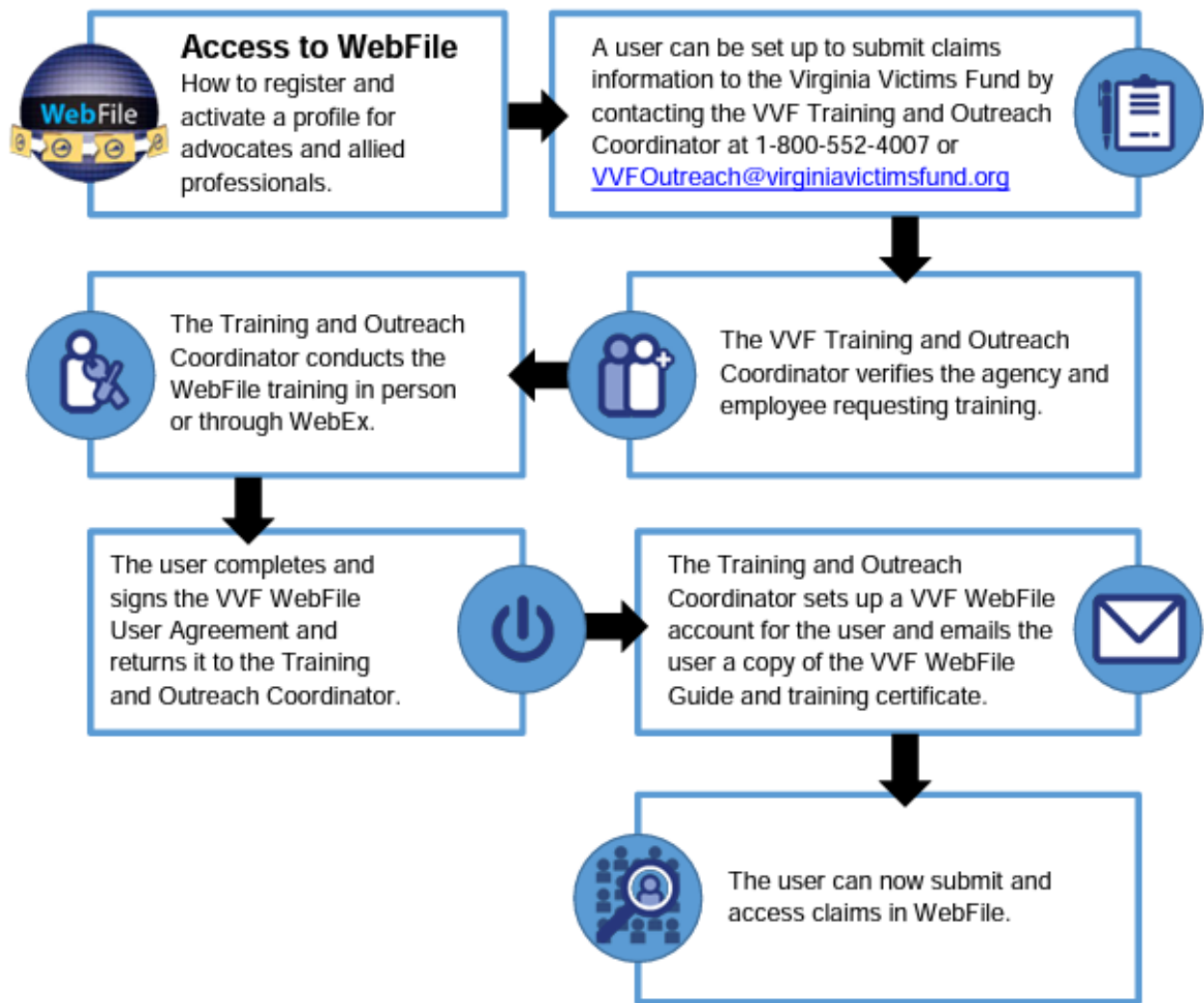
IMPORTANT

Entering data is viewed by the system as being idle time--users who take longer than 45 minutes to submit data, or conduct other transactions, will be automatically logged off of the system. All information not saved will be lost.



WebFile Access and Registration Overview

Below is a brief overview of the WebFile registration process



IMPORTANT

Any technical issues or questions regarding WebFile can be directed to the VVF Training and Outreach Coordinator at VVFOutreach@virginiavictimsfund.org.



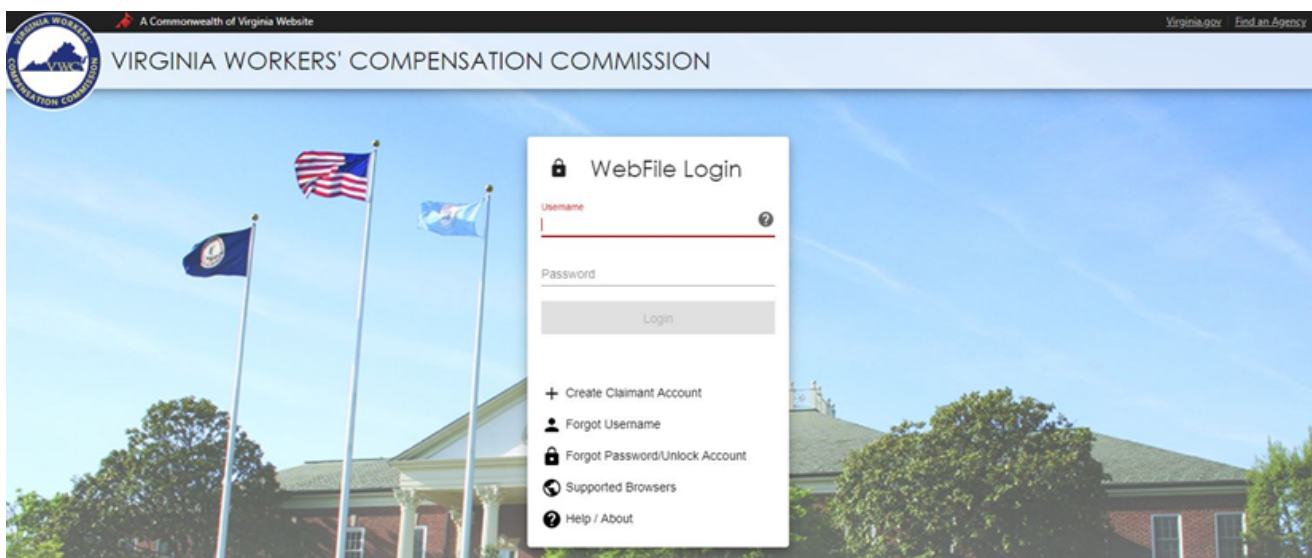
WebFile Registration

Before You Get Started

WebFile access is granted to Advocates who have completed required training. To set up a training session, or for more information, please call VVF at 1-800-552-4007 and ask to speak with the Training and Outreach Coordinator.

- ✔ Complete training
- ✔ Sign a User Agreement
- ✔ Activate your WebFile Account within five days

Once you have completed training and signed your WebFile User Agreement, the Training and Outreach Coordinator will establish you as an Advocate within the system. You will receive an auto-generated email with WebFile account activation details. To activate/register your account, go to virginiavictimsfund.org and use your email address as your username and type in the temporary password provided. The temporary password will expire within five days. Follow the registration prompts.

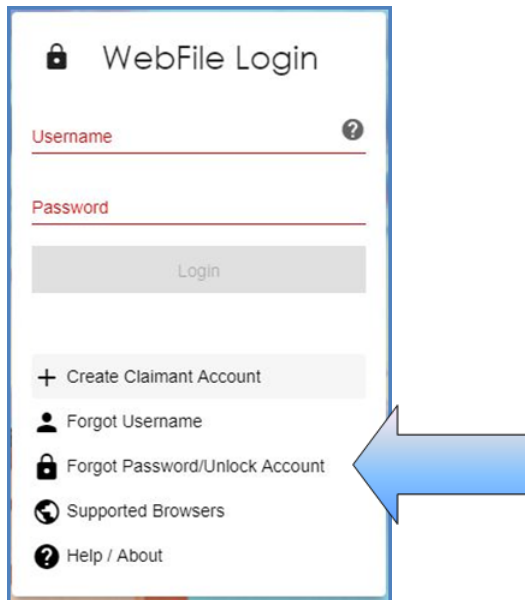




Password Reset

How to Reset a Forgotten Password

- ✔ From the WebFile log in screen, you have the option to request a new password. Click on the "Forgot Password/Unlock Account" link.



- ✔ Enter your username and click next.
- ✔ Answer the three security questions you established at registration and click next. (*Contact the Training and Outreach Coordinator if you cannot remember your security question answers.*) Answers are case sensitive.
- ✔ A confirmation message will appear and an email will be sent.
- ✔ Retrieve the email from noreply@workcomp.virginia.gov containing the new, temporary password. This password will expire in five days. The email could also land in a spam or junk folder.
- ✔ After logging in with your username and temporary password, you will be required to create a new permanent password and set up three security questions.



Logging Into WebFile

- ✓ Visit virginiavictimsfund.org
- ✓ Click on “Webfile Login” on the left-hand side of the screen.
- ✓ A new page will appear, prompting for your username and password. For technical assistance, please call the Fund or email the Training & Outreach Coordinator at VVFOutreach@VirginiaVictimsFund.org

VIRGINIA VICTIMS FUND
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND
1-800-552-4007
Helping Innocent Victims of Crime

Victims Advocates Law Enforcement Commonwealth Attorneys Medical Providers Probation & Clerk's Office Debtors SAFE Payment Program

LEAVE THIS SITE

WEBFILE
WebFile Login
Provider Portal Login
WebFile Resources

RESOURCES
About VVF
Contact VVF
VVF Email Subscription
VVF Application
Policy Manuals
Forms
FAQs
News and Press
Helpful Links
Make Payments
Rights of Crime Victims in Virginia
Code of Virginia

The Virginia Victims Fund (VVF) is a state program created to help victims of violent crime with out of pocket expenses. These can include medical bills, prescriptions, funeral expenses, and many other expenses.

VVF is funded by fines and fees collected from offenders. No tax dollars are used.

While money can never erase the scars and painful memories of a crime, this program may ease some of the financial burdens faced by victims and their families.

VIRGINIA VICTIMS FUND
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[About VVF](#) | [Contact Us](#) | [Web Policy](#) | [WAI Level A Compliant](#) | [EEOP](#)



Getting Familiar With the WebFile Screen

The Submitted Claim Applications screen will show you all claim files that have been submitted by you as the Advocate. If you are the Victim/Witness Director in a locality, please reach out to VVFOutreach@virginiavctimsfund.org and request to have access to all claims submitted under the Victim/Witness Program for which you direct. This will position you to access and update all claims information for your team, helping you during staffing transitions and vacations.



Clicking on the action field allows you to view a claim and most supporting documents, as well as upload new documents. You will not be able to view the police report, medical records or anything that VVF marks not viewable. Viewable PDF's appear in blue.



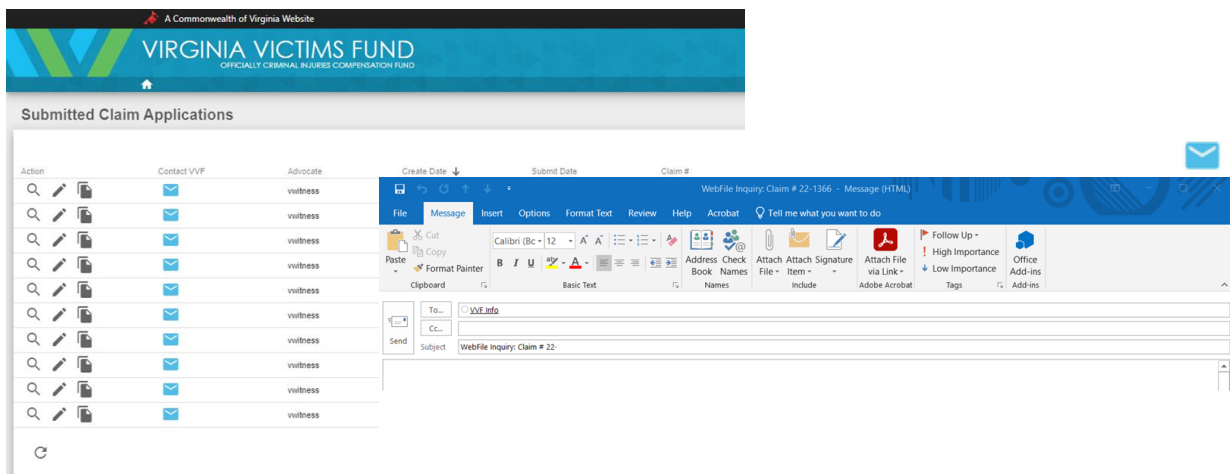
Clicking on the edit icon allows you to edit/update court case information.



Clicking on the clone field allows you to save time if you have two or more victims of the exact same crime incident. When you clone a claim, you are provided with a new draft claim with all the information from the previous claim auto-filled. You will then need to edit for the victim's information, the claimant, or expenses and submit the claim. You can clone as many times as necessary, but please make sure you edit very carefully.



Clicking on the mail icon populates an email template to the Virginia Victims Fund that will automatically include the claim number in the subject line.





Getting Familiar with the WebFile Screen

Continued

Clicking the “Save” button on the bottom right of the screen will save all information that has been entered or selected. Saving without submitting a claim will result in a draft claim application.

Saving without submitting a claim will result in a draft claim application. Draft claim applications can be located on the main page at the bottom of the screen.

Draft claim applications can be deleted using the delete button (🗑️). Deleting a claim application can only be done before you submit a claim. If for some reason, a claim application needs to be deleted after submission, contact VVF at 1-800-552-4007 or VVFOutreach@virginiavictimsfund.org.

Claimant

Same as victim

First Name *

First Name Middle

Last Name *

Last Name Suffix

SSN * None Date of Birth *

Ex.: 123456789

Submitted Claim Applications 0 active filters

Advocate	Claim #	Create Date ↓	Submit Date	Claim Status	Victim	Last Decision	Decision Date	Total Award
victimwitness@gmail.	20-0374	02/28/2020	02/28/2020	Draft	Test, Test			

Items per page: 10 1 - 1 of 1

Draft Claim Applications 0 active filters

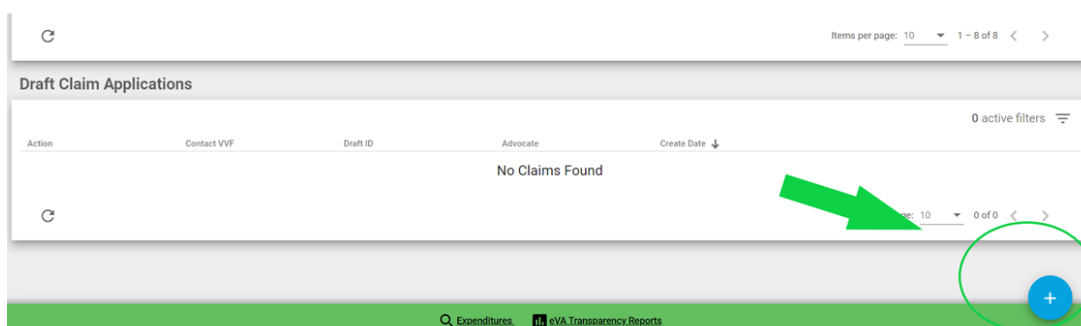
Action	Contact VVF	Draft ID	Advocate	Create Date ↓
		43837	victimwitness@gmail.com	03/11/2020
		43836	victimwitness@gmail.com	03/11/2020
		43835	victimwitness@gmail.com	03/11/2020



Creating A New Claim in WebFile

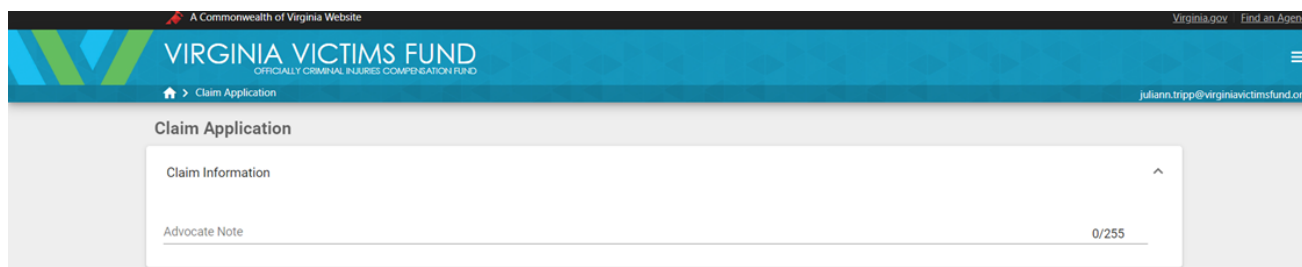
Opening a New Draft Claim Application

To create a new draft claim application, log into WebFile and click the blue and white plus button at the bottom right hand corner of the draft screen. You may have to scroll down to see this, depending on your view settings. A new claim application will then populate for your completion.



The Advocate's Note

The first section of the application affords the Advocate the opportunity to enter special Advocate notes for consideration. For example, a statement of good cause on why an application or police report was submitted past the eligibility requirement deadlines may be entered here. You may also enter feedback on charity care eligibility, language or special disability needs, or information on whether or not the victim is cooperating with the criminal justice process. Please also enter employer information in this section. Any information that can help with processing the claim is relevant and should be included.






Creating a New Claim in WebFile, Continued

The Victim

Enter all fields reading as required (*) to complete the victim information section. When the section is complete, you will see the yellow flag shown here turn green.

Victim 

First Name *

Last Name * Suffix

Gender Marital Status

Primary * Secondary International

City * City/County * State * VIRGINIA Zip Code *

Country * UNITED STATES Home Phone Work Phone Bypass Scrub

Was the victim disabled prior to the crime?
Select a value *

How is the victim related to the offender?
Select a value






Creating a New Claim in WebFile, Continued

The Claimant

When entering the claimant information, you can use the “Same as Victim” check box when they truly are the same person. Please do not use this if they are NOT the same person. If you select this and then change the name to something other than the victim's, you will create an error in the claim and be unable to submit it successfully.

Claimant  ^

Same as victim

First Name * Middle Last Name * Suffix

SSN * None Date of Birth * Gender Marital Status

Ex: 123456789

Address

Attention Primary * Secondary International

City * City/County * State * VIRGINIA Zip Code *


Country * UNITED STATES Home Phone Work Phone Bypass Scrub

Who referred the claimant to VVF?
Select a value *

How is the claimant related to the victim?
Select a value *

The Incident

Please complete all relevant sections regarding the crime incident. The included incident type listing is NOT all inclusive. Please select the option that best represents the criminal incident. The question of domesticity relates to whether or not this incident is domestic violence or not, and here is a required field.

Incident  ^

Incident Date * Incident Type *

Type of Victimization:
 Bullying Domestic and Family Violence Elder Abuse/Neglect
 Hate Crimes Mass Violence

Was a firearm involved? Domesticity * City/County * Street Address *



Creating a New Claim in WebFile, Continued

The Offender(s)

If the offender is unknown, simply check the relating box. If the offender is known, click on [Add](#). Then select "[Create New Offender](#)." Do not search on an offenders name and select it from there or you will create a system error. Always select "[Create New Offender](#)" and provide the required information on the Offender. Once the offender information is complete, select the blue "[Create Offender](#)" button.


The screenshot displays the 'Offenders' management interface. At the top right, a status bar shows '0 Offenders' and an 'Add' button with a dropdown arrow, both circled in green. Below this, there is a checkbox labeled 'Unknown Offender'. A search box for 'Offender Name' is present, with a green circle around the '+ Create New Offender' link. To the right, a detailed 'Offender' form is visible, featuring fields for Name, Date of Birth, Address, County, State, and Zip Code, along with a 'Cancel' button. At the bottom right, a prominent blue button labeled 'Create Offender' is shown.



Creating A New Claim in WebFile, *Continued*

Employment

For this section, please do NOT create an employer in the system. Simply answer the yes or no question about whether the incident occurred at work. Instead, please provide known employment information in the Advocates Notes section of the claim application.

Employer 



Did the incident occur at the victim's place of employment?

Yes

No

Employment Situation

0/255







Creating A New Claim in WebFile, Continued

Insurance/Collateral Resources

It is very important to our ability to process claims efficiently to have all information on known collateral resources and insurances. Please use this section to enter all known insurance and collateral resources by selecting "Create" and inputting all insurance details and then selecting "Create Insurance" for each type of collateral coverage. Consider coverage for health, life/burial, automobile insurance (including that of the offender if known and related to an automobile claim), homeowner's/renter's insurance, charity care, and more. The drop-down arrow provides a number of selection options to prompt your completion. Virginia law makes the Virginia Victims Fund the payer of last resort. Relevant collateral resources vary depending on the crime type.

Insurance  0 Insurances [Create](#) 

Is there any insurance that may pay expenses relevant to this claim?

Yes

No

Insurance

Create New Insurance

- Automobile Insurance
- Homeowner's Insurance
- Life/Burial Insurance
- Medical Insurance
- Renter's Insurance
- 3rd Party Liability Insurance

Insurance

Create New Insurance

Insurance Type *

Policy Owner/Holder *

Please enter victim and claimant information

Insurance Company *

Policy Number

Group Number

Policy Summary 0/255

Create Insurance



Creating A New Claim in WebFile, Continued

Expenses and Collateral Resources

Please be sure to be as thorough as possible when adding expenses in WebFile. Select "**Create**" to add additional expense categories. Providing the name/address of the provider and all other relevant information expedites claims processing. Expense categories only need to be created once in a claim, with one expense submission, and then all additional expenditures can be uploaded documents in to the claim file itself following the original claim submission. Please also note:

AP The Fund does not pay for lost or stolen property. Allowable Property (AP) items related to the crime include the provision of security, such as doors, locks, installation of the security system, windows, or clothing and bedding seized as evidence. *Homeowner's or renter's insurances are relevant collateral resources.*

Crime Scene Clean-Up includes the cleaning of bio-hazards or items damaged by the police use of graphite dusting. *Homeowner's or renter's insurances are relevant collateral resources.*

Dental Expenses that arise out of the crime incident. *Medical/dental insurances are relevant collateral resources. If the person has an oral surgery at a hospital, it may be covered by the hospital's financial assistance program/charity care.*

Domestic Loss of Support provides compensation for legal dependents of homicide victims, and for the victims of domestic violence or child sexual assault when the offender is removed from the home by the criminal justice process. It is necessary to substantiate the wages of the offender or deceased victim. *In cases of loss of support for the children of a homicide victim, social security death benefits are relevant collateral resources.*

Funeral Expenses, up to \$10,000, includes payment or reimbursement for the victim's burial, cremation, urn, headstone, or plot. *Life insurance/burial insurance are relevant collateral resources. "Go Fund Me" accounts specific to funeral expenses are also considered as collateral.*



Creating A New Claim in WebFile, Continued

Expenses and Collateral Resources, Continued

Medical/Hospital Expenses includes the payment of, or reimbursement for crime-related medical expenses. *A MOA but be on file with the provider.*

Insurance/hospital financial assistance/charity care are relevant collateral resources. If the individual is uninsured, they MUST apply with the hospital financial assistance program, and we MUST be provided a copy of their decision before we can make payment.

Lost Wages provides compensation for work time lost due to a crime incident. *Paid time off is a relevant collateral resource.*

- For adult victims- time off of work under a doctor's care not covered by some kind of paid time off (Provider must be a MD, NP, or PA)
- For child victims – coverage of unpaid time to the parent/guardian who missed work taking the minor back and forth to medical appointments or court-related appointments

Mental Health Expenses can mean any of the following when provided in concert with Fund Policy. Please specify which you are seeking in the expense summary.

- Mental health counseling directly related to the crime incident for the victim of the crime. (Must be a licensed counselor or therapist as per Fund Policy.)
Insurance is a relevant collateral resource.
- Grief counselling for dependents and survivors of homicide victims (\$2,500 claims for date of crime prior to 07/01/2014 - \$3,500 claims for date of crime on or after 07/01/2014) to include parents, grandparents, siblings of the deceased, spouses, and any children (adopted, step, or natural) or grandchildren.
Insurance is a relevant collateral resource.
- Counseling for children who witness violence against a caregiver. *Insurance is a relevant collateral resource.*

Moving Expenses includes reimbursement for the cost of professional movers, moving equipment rental, temporary storage, first month's rent, turning on utilities at the new residence, and/or loss of security deposit. VVF needs copies of contracts, receipts and/or cancelled checks. Capped at \$2,000.



Creating A New Claim in WebFile, *Continued*

Expenses and Collateral Resources, *Continued*

Nursing Care includes home health care by a nurse or certified nursing assistant for crime-related injury. *Insurance is a relevant collateral resource.*

Physician/Licensed Independent Practitioners includes payments or reimbursements for crime-related expenses with a physician, occupational, or physical therapist. Most expenses fall under this type. *Insurance is a relevant collateral resource.*

Prescription reimbursement provides for medication expenses that are prescribed as a direct result of the crime incident. Must include name of prescribing doctor, date filled, name of the medication, and cost. *Insurance is a relevant collateral resource.*

Prosthesis includes glasses, dentures, hearing aids, mobility devices, or other medically necessary devices. In order to be paid, VVF must have either a police report indicating that the item was damaged in the crime incident or a medical record showing the device is now needed because of the crime. *Insurance is a relevant collateral resource.*

Replacement Services includes services a victim can no longer perform due to a crime incident that are necessary to health, livelihood, or safety. For example, paying someone to harvest the crops of an injured farmer to ensure they have income; or paying someone to provide childcare for a victim too injured to care for her children. This is usually prescribed by a doctor. *Relevant collateral resources will vary on a case by case basis.*

SAFE-Related expenses are directly related to a sexual assault forensic exam; this is an internally used category that Advocates should ignore.



Creating A New Claim in WebFile, *Continued*

Expenses and Collateral Resources, *Continued*

Temporary Housing may be provided for up to the 30 days in a hotel when a local shelter is full or unavailable to the victim. There must be an urgent safety concern for this expense to be paid. We cannot reimburse another agency for covering this cost for a victim.

Transportation for Medical Care includes ambulance rides, helicopter transport, or mileage to and from appointments. *Insurance may be a relevant collateral resource.*

Other “Reasonable and Necessary” Expenses must be directly related to the crime in order to be considered. These are usually verified by a physician or psychologist. Call VVF for instructions on how to add these expenses.





Creating A New Claim in WebFile, *Continued*

Dependants

Please add dependent information to the claim if there are related crime incident expenditures, such as mental health counseling for witness of domestic violence or grief counseling.





Creating A New Claim in WebFile, Continued

Save and Submit

Selecting the blue and white "Save" button at anytime allows you to save the data that you have input into a claim form in draft form. When the claim application is complete, check the box that acknowledges that an authorization form must be uploaded into the system in order for this to be a complete claim submission. Once checking this box, the green "Submit" button will appear. Once submitted, the claim will appear in your Submitted Claim Applications window. *Please be sure to hit the Submit Button only once to avoid creating duplicate claims.*

The Authorization Form is essential to the claims process. Without proper authorization, the Virginia Victims Fund cannot begin to process a victim's claim for benefits. The Authorization Form allows VVF to collect documents on the victim's behalf to help satisfy claim requirements. It also includes an acknowledgement of the terms of use, including an agreement for VVF to pay providers on the victim's behalf, an acknowledgement that the victim will receive benefits from the Fund in place of direct restitution payments from the offender, and an acknowledgement that if the victim receives benefits for expenses that VVF has paid from any other source, they must immediately repay the award. An oath that the information included in the Claim Form is correct and truthful is also included.

I understand that I must fax or upload the notarized VVF authorization form before processing can begin on this claim. Fax to: 804-823-6905.



Creating A New Claim in WebFile, Continued

Authorization Form

The requirement to have the Authorization Form Notarized is presently suspended due to COVID-19 but the Authorization Form must still be signed and uploaded into WebFile as a document separate from the application.



Notarized Authorization Guide



A Division of the Virginia Workers' Compensation Commission

Web: www.virginiavictimsfund.org • Mail: P.O. Box 26927, Richmond, Virginia 23261 • Phone: 1.800.552.4007 • Fax: 804.823.6905

Although Virginia law indicates that the ultimate responsibility for fulfilling a claim belongs to the claimant, the Virginia Victims Fund works to gather many kinds of claim documentation on the claimant's behalf. Our essential tool in collecting this information is the Notarized Authorization, which appears as Page 9 of the Claim Form. If [this form](#) is not filled out correctly, most medical providers will not provide us documentation of a victim's crime-related injury. Check out the guide below for some tips on filling out this important form.

Notarized Agreement

These terms are set forth fully in Virginia Code § 19.2-368. Your application will not be processed unless this form is signed on the signature line and witnessed by a Notary Public.

I agree that the Criminal Injuries Compensation Fund (The Virginia Victims Fund) may pay any award for my benefit directly to the person or entity to which I owe a payment as a result of the crime. I understand VVF will attempt to collect my award from the person responsible for the crime. I further agree that if I later recover money from any other source as a result of the crime, receive restitution or sue the person responsible for this crime, I will immediately repay the VVF award. In the event I fail to repay a VVF award, I agree to be liable for collections costs allowed by law.

I affirm that I have reviewed this application and understand its contents. I swear it is true and complete to the best of my knowledge. I understand that if any information I submit is false, or if I have not fully cooperated with law-enforcement agencies, including the criminal prosecution, the claim may be denied or revoked and collections may be pursued.

Authorization:
I authorize any hospital, physician, counselor, funeral director, or other person who attended or examined me to disclose to the Criminal Injuries Compensation Fund (The Virginia Victims Fund) and any municipal, county, state, or federal agency, social service bureau, Social Security office, or any other person or organization to furnish to the Criminal Injuries Compensation Fund (The Virginia Victims Fund) any information requested, including tax data and prior police records, needed to process my claim or victim's claim for benefits. A photocopy of this authorization shall be considered as effective only if it is the original. This authorization is for the collection of information related only to this claim.

I further authorize the Criminal Injuries Compensation Fund (The Virginia Victims Fund) to disclose information in my claim file, except those documents legally protected from dissemination, to the Virginia Assistance Program in the locality handling my case.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS ABOVE. I swear or affirm that I am the Claimant. I have reviewed and understand all of the requirements of VVF. The information submitted is true and complete to the best of my knowledge and belief. I understand that submitting false information is a felony under 19.2-108.16 of the Code of Virginia.

Print Claimant's Name _____ Claimant's Signature _____

City/County of _____, Commonwealth/State of _____

Subscribed and sworn before me this _____ day of _____

Signature of Notary Public _____

My commission expires the _____ day of _____

Notary Public Number: _____

Please note that the Criminal Injuries Compensation Fund (The Virginia Victims Fund) is a division of the Workers' Compensation Commission, which is exempt from HIPAA, and for HIPAA purposes, the Fund is a "payer" to which disclosures may be made without prior authorization.

Updated 02/12/2016

Make sure this line has the name of the person receiving services related to the crime

A notary will provide the city, state, and date that the claimant or victim signed this form.

Choose one of the following options:

- 1) If you have someone claiming benefits on the victim's behalf (such as a parent or guardian), their name and signature go here.
- 2) If the victim is an adult, their name and signature go here.

A notary signature, their notary number, and the date their commission expires are mandatory.



Creating A New Claim in WebFile, Continued

Before Claim Submission

- **View** = You can view any information entered into a draft claim.
- **Edit** = You can make changes to a draft claim.
- **Delete** = You can delete a draft claim. NOTE: You will have a delete button that will allow you to delete a WebFile claim ONLY before you submit it as a claim. If for some reason it needs to be deleted after submission, please send an email to Info@virginiavictimsfund.org.

Other Dashboard Selections

- **Create Date** = Refers to the date that you created the claim in WebFile.
- **Submit** = Indicates if the claim has been submitted to VVF (true) or not (false).
- **Submit Date** = The date the claim was submitted.
- **Claim #** = Submitting a claim in WebFile will provide you with a VVF claim number immediately.
- **Claim Status** = Shows where the claim is in our process. This is an internal filing code; it does not indicate if something has been previously paid.
- **Assigned Examiner** = Shows the examiner assigned to the claim. You may email this examiner directly about this claim by clicking on the name.
- **Last Decision** = Shows if the claim has received its initial award, a supplemental award, a zero award or has been denied. This will be blank while the claim is in progress.
- **Decision Date** = The date of Award or Denial. *If you see that a claim has been denied, please note that this does not necessary mean that the denial has been approved by the Director. Look under “View” and read the Denial or Award letter, or call our office before you advise the claimant.*
- **Total Award** = The total amount of funds paid out to date (not the total overall value of claim).



Creating A New Claim in WebFile, Continued

Uploading Documents

Once you have submitted the claim, you can upload information directly into the claim. It must be in a non-encrypted, PDF format and the attachment cannot exceed 15 MB. This function is similar to adding an attachment to an email. Please remember to upload a PDF of the signed Authorization Form once you have submitted the claim.

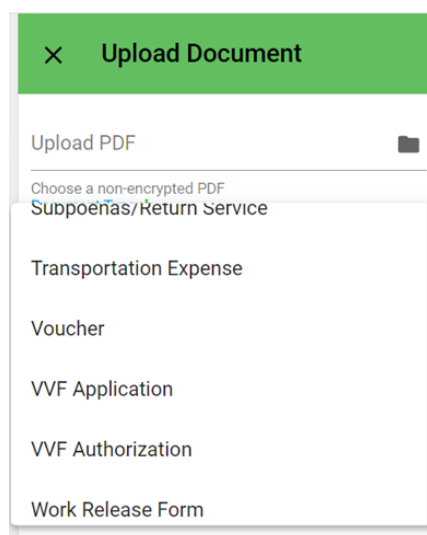
To upload a document, select the action icon of the appropriate claim number and then select the blue **Upload** tab. Be sure to select the appropriate document type from the drop-down menu available once you select **Upload**. If you are uploading a medical bill or record, please include the service date. In the image description, please give the name of the provider or some other identifier so that we can tell what the item is without opening it. This helps everyone use WebFile more efficiently.

Images

Upload ^

Filter images

Document Type ↑	Description	Service Date	Date
Address Sheet (CLM)			07/20/2022





Creating A New Claim in WebFile, *Continued*

Tips for Uploading Documents

- Always upload the VVF Application and signed authorization page (these should be uploaded separately.)
- Separate bills by provider before uploading. Bills that are from the same provider can be uploaded together, even if dates of service are different. Bills should be submitted in date order.
- EOB statements can be uploaded together if from the same insurance provider.
- All prescriptions can be uploads together, regardless of pharmacy name and dates of service. Register receipts are not valid prescription documentation. Prescription documents must include Medication name, fill date, prescribing physician, victims name, amount paid.
- Medical records can be submitted together if from the same provider. Medical records should be organized by oldest date of service first to most recent. Death certificates should be uploaded as "Funeral Related Info."
- When submitting a lease agreement for consideration of moving expenses, please upload the full agreement with documentation of rent amount and the signature page.





Creating A New Claim in WebFile, Continued

Itemized Statement/Bill Description

Itemized Statement/Bill Description

1. Provider(s) name, address, and phone number

2. Patient Name/Account Number

3. Date(s) of Service (actual dates services were provided)

4. Description of the service provided

5. Usual and Customary Charge for each service provided

6. Total Charges adjusted/paid by insurance

ABC Hospital, LLC
1234 Your Street
Anywhere, VA 23223
(123) 456-7890 Phone number
(789) 345-6780 Fax number

Patient Name:
Jane Doe
Account number:
123

Date of Service	Description/Code	Amount
07/01/2011	Initial Hospital Care-High Comp	\$525.00
07/01/2011	Doppler Echo Exam, Heart	\$72.00
07/01/2011	Transthoracic Echocardiography	\$247.00
07/01/2011	Anesthesiology, Surgery of Femur	\$2070.00
07/01/2011	X-Ray Exam of Thigh	\$37.00
07/14/2011	Insurance Payment	\$2000.00
07/15/2011	Insurance Payment	\$800.00

Total Charges adjusted/paid by insurance \$2951.00