VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND
virginiavictimsfund.org

Shannon Dion
Director

A Division of the Virginia Workers' Compensation Commission

Web: virginiavictimsfund.org · Mail: P.O. Box 26927, Richmond, Virginia 23261 · Phone: 800.552.4007 · Fax: 804.823.6905

Mental Health Treatment Form

To consider counseling expenses reasonable and appropriate, the Fund expects treatment to be crime-centered and time-limited. The Fund considers reimbursement for those disorders specified in the Diagnostic and Statistical Manual of Mental Disorders V as Trauma- and Stressor-Related Disorders. If there is a gap in treatment, additional documentation will be requested at the time of future treatment. Additional information may be requested by the Fund on a case-by-case basis at any time.

Crime Date/Initial Date of Presenting Issue _____ CICF Claim No. _____

Patient's Full Name _____

Parent/Legal Guardian _____

Insurance

Is the patient covered by any health insurance? ☐ Yes ☐ No

(If yes, please provide a remittance with the itemized billing statement.)

Do you accept the patient's form of health insurance, if available? ☐ Yes ☐ No

Treatment Information

Date of Initial Session _____ Type of Crime _____

Is the trauma and treatment a direct result of this crime? ☐ Yes ☐ No *(If no, provide additional explanation.)*

Please provide a description of the psychological trauma as related to the crime:

_____

_____

If medication has been prescribed, please provide the name(s) of the medication (brand/generic) and symptoms for which medication was prescribed:

_____

_____

Treatment Plan

Anticipated Completion Date _____

Any additional information _____

_____

_____

Counseling must be provided by a licensed medical doctor, clinical psychologist, clinical social worker, or professional counselor licensed pursuant to § 54.1, Chapters 35 through 37, Code of Virginia, or by a clinical nurse specialist who renders mental health services, pursuant to § 54.1, Chapter 30, Code of Virginia. Counseling may also be provided by individuals seeking licensure from Virginia's Boards of Counseling, Psychology, and Social Work, and whose services are provided under supervision in accordance with the Administrative Code of Virginia. Individuals receiving treatment outside of the Commonwealth must be served by a provider licensed in the state or country where services are rendered. Treatment outside of the Commonwealth may also be provided by individuals seeking licensure from the state or country where services are rendered, and whose services are provided under supervision, in accordance with substantially similar laws and regulations.

By signature of this form, I certify that all information contained above is accurate and complete.

Provider Name _____

Provider Signature _____ Date _____

Provider License Type_____ Provider License Number _____

Resident in Counseling Name (please print) _____

Resident in Counseling Signature _____ Date _____

Name of Practice _____

Telephone Number_____ Email Address _____

Address _____

Office Contact Person: Name _____ Office Contact: Job Title _____

Office Contact: Email _____

Office Contact: Phone _____

For questions, contact the Virginia Victims Fund at (800) 552-4007 or info@virginiavictimsfund.org.