The Minnesota Crime Victims Reparations Board can help pay bills and expenses that are a direct result of a violent crime that occurred in Minnesota. This pamphlet provides information to assist healthcare providers in obtaining compensation for services provided to victims of violent crime.

**General Information**

The victim, or a family member or representative of the victim, must have filed a reparations claim. Healthcare providers are not eligible claimants.

The claimant must meet all eligibility requirements for the program.

Providers must submit bills and supporting documentation to show expense is directly related to the physical or psychological injury suffered in the crime.

All collateral sources must be billed first. This includes health and auto insurance, Medical Assistance, Medicare, Worker’s Compensation, Veterans Benefits, etc. Copies of the Explanation of Benefits from the primary insurance must be submitted along with the bills.

**Award Process**

An Explanation of Benefits will be sent to each provider receiving payment. Payment will then be issued within 30 days. In many cases, payments to providers are issued through an electronic fund transfer.

**Maximum Benefits**

The maximum benefits per claim are $50,000. Other individual caps may apply.

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### Medical Services

The Board may pay for medical related expenses that are caused by a crime, including:

- Hospital and clinic fees*, ambulance, and physical therapy
- Chiropractic care up to 15 or 30 treatments, depending on the injury
- Medication management and prescription costs
- Eyeglasses, hearing aids, rehabilitative items, and prosthetic devices that are broken in the crime or become necessary due to the crime

*Sexual Assault Evidentiary Exams are paid by the county, not the Board. For more information, contact our office.

**Billing**

Providers will receive a Medical Reimbursement form and a Physicians form to complete. Both forms must be returned, along with patient health care records and appropriate HCFA 1450, 1500, UB92, or comparable billing form.

**Uninsured Discounts and Charity Care**

Claimants must apply for discounted rates pursuant to the Attorney General’s agreement for uninsured patients, and charity care programs. Only the balance after the discount may be submitted.

**Payment Rate**

The Board pays at a reduced rate of 50% for most medical related expenses.* The provider must accept this as payment in full and cannot bill the patient for the remaining balance.

*Does not apply to eye glasses or medical equipment.

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### Dental Services

The Board may pay for dental related expenses that are caused by a crime, including:

- Initial exam and consultation
- X-rays
- Repair of injured or broken teeth, including root canals, bridges, crowns, dentures, and implants

The Board will NOT pay for expenses that are determined to be for:

- Routine dental care, including cleaning
- Pre-existing or non-crime related conditions
- Cosmetic services, including whitening/bleaching

**Pre-approval**

To guarantee payment from the Board, dental providers should request pre-approval for services. A treatment plan and estimate should be submitted, along with a statement indicating proposed treatment is related to the crime. The Board will notify provider if services are approved. Board will issue payment once treatment has been completed.

**Billing**

Providers will receive a Dental form to complete. Return the form, along with the ADA J504 or comparable dental billing form.

**Payment Rate**

The Board pays dental expenses at a reduced rate of 70%. The provider must accept this as payment in full and cannot bill the patient for the remaining balance.
**Mental Health Services**

The Board will pay for mental health services related to the crime. Services may be performed by both licensed and unlicensed* providers, and may include diagnostic interviews and testing and individual, family, and group therapy.

*Unlicensed providers must submit a copy of the acknowledgement form of the mental health bill of rights signed by the claimant.

**Pre-Approval**

The Board will pre-approve services once the provider has completed a Mental Health Treatment form. If approved, the Board will pay for treatment for up to 1 year from the date of the initial diagnostic/intake interview.

**Extension**

After one year of treatment, providers must complete a Mental Health Extension Treatment form. The Board will notify provider if additional treatment is approved.

**Billing**

Providers will receive a Mental Health Billing form. The form should be returned along with itemized billing statements. If a patient qualifies for a sliding fee rate the Board must be billed at the reduced rate.

**Payment Rate/Maximum**

The Board pays mental health services at a reduced rate of 70%. Providers must accept this as payment in full and cannot bill the patient for the remaining balance. In addition, there is a $7,500 cap on outpatient mental health services for each eligible claimant.