

Sample Letter to Medical Provider by Advocate

[Date]

[Medical Provider Name & Address]

Re: Client Name _____
 Office of Victim Service Claim # _____

Dear Medical Service Provider:

Please be advised that an application for compensation from the New York State Office of Victim Services has been filed with assistance from this office for the above-referenced crime victim. The compensation process can be lengthy in some cases. We ask that you DO NOT deny the above-referenced victim medical attention. We greatly appreciate your continued understanding and patience in this situation.

If you have any questions regarding this specific case, you may call the Office of Victim Services at [(518) 457-8727 or 718-923-4325] and provide claim # _____. The Office of Victim Services is located at [Alfred E. Smith Building, 80 South Swan Street, 2nd Floor, Albany, NY 12210 or 55 Hanson Place, 10th Floor, Brooklyn, NY 11217].

Sincerely,

[Crime Victim Advocate]