



Office of  
Victim Services

KATHY HOCHUL  
Governor

JOHN WATSON, ESQ.  
Acting Director and Counsel

**\*\* DECISION \*\***

3/8/2024

Claim #:  
Crime Date:  
Claimant:  
Victim:

Dear:

After reviewing the file and the evidence submitted, the Office of Victim Services (OVS) finds that eligibility and jurisdiction have been established and has reached the following decision.

The status of each expense you have submitted is as follows:

**TOTAL PAYMENTS MADE FOR CLAIM**

TOTAL AWARD DUE:	\$0.00
TOTAL AWARD FOR CLAIM:	\$0.00
Amount to be paid to Claimant:	\$0.00
Amount to be paid to Provider(s):	\$0.00

Payments for the covered expenses will be sent within six (6) weeks from the date of this letter. Payments that are being made directly to providers will not be sent until the provider registers with New York's Statewide Financial System. We have notified the providers of this requirement but if they fail to register their payment will be delayed until the registration is completed.

While eligibility has been established, no monetary award is made at this time as claimant has not sustained a loss compensable by the OVS.

Financial Difficulty has been established.

The Office of Victim Services is payer of last resort. If claimant has health insurance, all medical/mental health related bills must be submitted to insurance carrier first.

The claimant may send to the Additional Medical Unit any additional medical/mental health expenses that the claimant has incurred because of this crime, that are not covered by insurance or some other source, for consideration and payment by the OVS and mail to:



Office of  
Victim Services

Additional Medical Unit  
Office of Victim Services  
AE Smith State Office Building  
80 South Swan St, Second Floor  
Albany, NY 12210

**PLEASE INCLUDE CLAIM NUMBER ON ALL CORRESPONDENCE AND BILLS**

OVS will reimburse medical/mental health and associated expenses at the proportions to be determined as causally related to the crime by the treating provider for the services they render. In the event claimant's health insurance coverage changes in any way, claimant must immediately notify the Office of Victim Services of such change within thirty (30) days. Failure to provide timely notice of any change may result in a denial of future benefits.

**Notice to Claimant or Attorney:**

You may, within thirty (30) days after receiving this decision, request in writing an appeal to the Office of Victim Services. Your request should explain the reason for your appeal and should be sent to the OVS at the following address:

**OFFICE OF VICTIM SERVICES  
AE Smith State Office Building  
80 South Swan Street, 2<sup>nd</sup> Floor  
Albany, NY 12210**

Very truly yours,

Office of Victim Services



# New York State Office of Victim Services

## Notice of Important Document

<b>English</b>	<b>This is an important document. If you need help to understand it, please call 1-800-247-8035. An interpreter will be provided free.</b>
<b>العربية Arabic</b>	هذه وثيقة هامة إذا كنت بحاجة للمساعدة في فهمها، يرجى الاتصال بالرقم 1-800-247-8035. سيتم توفير مترجم فوري بدون مقابل.
<b>বাঙালি Bengali</b>	এটি একটি গুরুত্বপূর্ণ নথি। যদি এই নথি বুঝতে আপনার কোনো সাহায্যের প্রয়োজন হয়ে থাকে, তাহলে অনুগ্রহ করে আমাদের ফোন নম্বরে <b>1-800-247-8035</b> ফোন করুন। এই জন্য একজন দোভাষী বিনামূল্যে সরবরাহ করা হবে।
<b>简体字 Simplified Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 <b>1-800-247-8035</b> 。您会得到免费翻译服务。
<b>繁體字 Traditional Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，請打電話至 <b>1-800-247-8035</b> 。您会得到免費翻譯服務。
<b>Kreyòl Ayisyen Haitian Creole</b>	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: <b>1-800-247-8035</b> . Y ap ba ou yon entèprèt gratis.
<b>Italiano Italian</b>	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero <b>1-800-247-8035</b> . Un interprete sarà disponibile gratuitamente.
<b>한국어 Korean</b>	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: <b>1-800-247-8035</b> . 무료 통역이 제공됩니다.
<b>Języki Polski Polish</b>	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer <b>1-800-247-8035</b> . Bezpłannie zapewnimy usługi tłumaczeniowe.
<b>Русский Russian</b>	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону <b>1-800-247-8035</b> . Переводчик предоставляется бесплатно.
<b>Español Spanish</b>	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al <b>1-800-247-8035</b> . Se le proveerá un intérprete gratis.



אידיש	דאס איז א וויכטיגע דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, רופט ביטע 1-800-247-8035. איינער וועט עס אייך איבערשטייטשן אומזיסט.
Yiddish	





## Office of Victim Services

KATHY HOCHUL  
Governor

JOHN WATSON, ESQ.  
Acting Director and Counsel

### OFFICE OF VICTIM SERVICES (OVS) FACT SHEET

#### 1. When will I receive a check?

The Office of the State Comptroller must approve OVS decision prior to issuing payment. A check is usually issued within 4 weeks following the date of the decision. Checks are issued by the NYS Office of the State Comptroller.

#### 2. How much may OVS award?

**Loss of essential personal property** may be awarded for repair or replacement of lost, damaged, or destroyed essential property up to a maximum of \$500.00. (Cash is considered as essential property and is limited to \$100.00 as part of the \$500.00 maximum allowable.)

**Lost earnings or loss of support** may be awarded up to a maximum loss of \$600.00 weekly not to exceed \$30,000.00 total. For crimes committed prior to July 13, 1996 the weekly and total maximum allowable amounts vary depending on the date of crime.

**Funeral reimbursements** may be awarded up to a maximum cost of \$6,000.00. For crimes committed prior to November 1, 1996 the maximum allowable amounts are less depending on the date of crime.

**Medical expenses** are reviewed and reasonably incurred expenses are approved for payment. There is no set maximum allowable. Prior approval for expenses is recommended.

**Counseling expenses** are paid in accordance to OVS fee schedule. The fee schedule is based on reasonable fee rates depending on the credentials of the treating counselor.

#### 3. Do I have to be physically injured to be eligible to receive an award?

Generally, to be eligible for an award a physical injury must have been sustained during the commission of the crime. There are exceptions for victims who are sixty years of age or older, victims under the age of eighteen, victims that were disabled prior to the crime, victims of stalking, harassment, victims of kidnapping 1<sup>st</sup> and 2<sup>nd</sup> or unlawful imprisonment 1<sup>st</sup>.

#### 4. Why are the medical bills I submitted not mentioned in the decision?

All medical/counseling expenses incurred and submitted with your claim will be considered by our Additional Medical Unit. Please allow six weeks before contacting our office for a status on your medical expenses.



**5. What should I do with additional medical bills?**

If your award decision allows submitting "additional causally related medical bills" copies of the itemized bills may be submitted along with any applicable insurance explanation of benefit statements, and a medical documentation indicating that the services are causally related to the crime. **(Please see enclosed "General Guidelines for Medical Payments")**

**6. What information is needed for payment of lost earnings/lost support?**

OVS must be provided with the following information to calculate lost earnings/support. The treating physician or employer must appropriately sign the submitted documents. Statements signed by a claimant are not acceptable as proof of employment, disability, or receipt of disability benefits.

- A doctor's report or statement stating your disability period from work.
- A completed employment questionnaire or statement documenting wages deductions, benefits, and lost time from work.
- Statements of compensation benefits received from another source such as NYS Disability, Worker's Compensation, No-fault/MVACI, Social Security Disability, Social Security Insurance, etc.
- If self-employed, the most recent tax return showing self-employment must be submitted.

**7. How were my lost earnings/support calculated?**

OVS may reimburse actual out of pocket lost earnings/support. The out-of-pocket loss is calculated by deducting from the weekly gross income, State, Federal, Social Security, Medicare deduction, and if applicable City Tax. From the net income must be deducted any compensation benefits received from other sources. OVS may reimburse the amount not covered by other sources.

**8. Why did OVS only reimburse 22 weeks of lost earnings?**

Social Security will commence payment of disability benefits after 22 weeks of disability if a victim will be disabled for more than one year or if the victim is rendered permanently disabled. OVS cannot award additional lost earnings until Social Security has rendered a decision. The Social Security payment must be deducted from future awards. When you receive your Social Security notice, submit a copy to OVS and ask to have your claim reopened for consideration of additional lost earnings.

**9. What do I do if I disagree with the decision?**

If you do not agree with the decision rendered by OVS, send a letter to the Director of OVS, AE Smith State Office Building, 80 South Swan Street, 2nd floor, Albany NY 12210-8002. Your letter must state why you disagree and ask for further consideration. The letter must be mailed within 30 days from the date of the decision.

**10. What do I do if I agree with OVS decision, but disagree with the amount awarded?**

If you agree with the decision rendered by OVS but believe that you are eligible for additional benefits, you may request to reopen your claim by writing to the Reopen Section, AE Smith State Office Building, 80 South Swan Street, 2nd floor, Albany NY 12210-8002. Your letter must state the additional benefits you are requesting.



### General Guidelines for Medical Payments

1. All correspondence and associated attachments (bills, receipts, Explanation of Benefits statements etc.) **must include your claim number.**
2. All medical services for which you are seeking payment must be provided by a licensed health care provider whose profession is recognized by New York State.
3. **Insurance Generally:** The Office of Victim Services (OVS) is the payer of last resort. This means any other medical insurance coverage you have must be exhausted or denied by your insurance carrier prior to submitting your bills to OVS for payment. *(See the related information on Explanation of Benefits noted below for required documentation of insurance benefits.)* Insurances may include:
  - Private (employer sponsored) health insurance, including spousal coverage,
  - Medicaid,
  - Medicare,
  - Union coverage,
  - Workers' Compensation (if you were victimized at work),
  - No-Fault/MVAIC coverage (if you were victimized in a motor vehicle accident), and/or
  - School insurance if incident happened on school property.
4. **Insurance Coverage:** You must provide the Office of Victim Services with documentation of your insurance coverage. If you had insurance coverage on the date of the crime or became eligible for coverage after the crime, insurance statements are required for each date of service. **If your insurance coverage is:**
  1. **Terminated:** you must submit an insurance discontinued coverage statement from your insurance company showing the date that your insurance was discontinued.
  2. **Changed:** you must submit the insurance discontinued coverage statement from your original insurance carrier and a statement from your new insurance carrier showing the date the new coverage went into effect.
  3. **New:** you must submit a statement from your insurance carrier showing the date the coverage went into effect.



### Documentation Necessary to Have a Medical Bill Paid

***In order to have a bill paid, the bill and all supporting documentation must be submitted to the Office of Victim Services at the same time as a single package.***

**Items necessary for OVS to pay a medical bill include:**

1. **Itemized bill on provider letterhead**  
The itemized bill must include:
  - Each date of service
  - Each service rendered (i.e. counseling, office visit, x-ray etc.)
  - Cost of each treatment
  - The medical providers tax id number
2. **Insurance Explanation of Benefits (EOB, if applicable)**  
An Explanation of Benefit must:
  - Be submitted for each service provider
  - Cover each date of service
  - Be submitted for services either paid or denied by your insurance coverage
3. **Medical Documentation:** Documentation to show the causal relationship between the crime and the medical treatment you receive must be provided. This documentation may include a:
  - Attending Physician Report
  - Hospital Records for Dates of Service on Submitted Bill
  - Dental Claim Form
  - Mental Health Treatment Report (requested by OVS annually)
  - Medication Report
  - Office Notes/Operative Report
  - Letter of Medical Necessity from Doctor
  - PT/OT Documentation:
    - Prescription from prescribing physician showing duration and frequency of treatment
    - Initial evaluation
  - Massage/Acupuncture Documentation:
    - Letter of Medical Necessity from prescribing Doctor indicating how treatment is crime related along with frequency and duration
4. **Proof of Payment if you have paid out-of-pocket:**
  - Cancelled checks
  - Receipts
  - Other proof of payment
  - For medications:
    - Prescription receipt showing medication name, date filled, prescribing doctor and cost
  - For transportation expenses:
    - List of appointment dates on provider letterhead
    - Dated receipts for tolls, if applicable
    - Dated receipts for parking, if applicable
  - For Eyeglasses:
    - Original and/or Replacement receipt or estimate
    - Explanation of Benefits (EOB), if applicable

**NOTE: If any of the above required items is missing, all materials submitted will be returned.**





## Office of Victim Services

**KATHY HOCHUL**  
Governor

**JOHN WATSON, ESQ.**  
Director

To: From: New York State Office of Victim Services, Counsel's Office

RE: Subrogation

Accepting an award from the Office of Victim Services creates a lien in favor of the State of New York against the proceeds of any recovery you obtain from the person or persons liable for the injury or death upon which the award is based. Such proceeds include judgments, settlements, restitution or any other recovery. The lien does not attach to any real or personal property you now own or may own in the future. It attaches only to a recovery from the perpetrator or any other responsible third party.

**Please provide the following information and return this form to the New York State Office of Victim Services, AE Smith State Office Building, 80 South Swan Street, 2nd floor, Albany NY 12210.**

Claimant's Name: \_\_\_\_\_

Office of Victim Services Claim No.: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of perpetrator (person who committed the crime): \_\_\_\_\_

Has the perpetrator been sentenced? Yes ☐ No ☐

Has the perpetrator been ordered to pay restitution to you? No ☐ Yes ☐ Amount: \_\_\_\_\_

Have you started or are you considering bringing a civil lawsuit against the perpetrator or other person on account of the injuries sustained? Yes ☐ No ☐

If Yes, name, address, and telephone number of your private attorney (not District Attorney): \_\_\_\_\_

Signature \_\_\_\_\_

If you have any questions regarding subrogation, please contact the New York State Office of Victim Services Counsel's Office at **(518) 457-8066**



Office of  
Victim Services



