



2. Please describe the behavioral and emotional symptoms currently displayed by the victim:

3. Please list any new or changes to treatment goals/objectives:

4. How do the changes in the treatment plan relate to the crime?

5. Number of additional sessions requested: \_\_\_\_\_

6. Frequency of therapeutic contacts: \_\_\_\_\_

7. New date of discharge with this patient: \_\_\_\_\_

**CLIENT INSURANCE INFORMATION:**

Has the Victim's insurance status changed since the initial treatment plan?	No	Yes
If 'Yes', how? _____		
Company Name: _____		
Policy Number: _____ Group Number: _____		

I understand that Crime Victim Compensation is, by state law, the payor of last resort, and I further agree to apply for any primary insurance benefits of my client, if eligible. I understand that Crime Victim Compensation can only pay for the client's out of pocket amount as indicated by insurance. I further agree to only bill Crime Victim Compensation for sessions that are part of the above submitted treatment plan. I agree not to bill Crime Victim Compensation for treatment outside of the above treatment plan.

The information contained herein is correct to the best of my knowledge, information and belief. I understand and agree to the following:  
I am a licensed therapist, or under the supervision of, who has experience working with trauma victims.

I will accept the Board's reimbursement of \$150 per hour and \$75 per half hour for individual and family therapy, \$50 for group therapy, and \$80 for neurofeedback as payment in full; and, I will request any necessary extension 30 days prior to the termination date of any award made.

I swear and affirm under the penalty of perjury that the statements herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

*Once the Board has made an approval you will be notified in writing. The Board processes and issues payments only once a month, therefore payment could take up to 30 days after receiving an itemized bill/invoice.*