



## State of Nevada Victims of Crime Program

### Request for Pre-Authorization for Payment

*Submit this form when requesting pre-authorization for payment for services to victim for any crime related expense*

Victim/Patient Name:

VOCP Claim #

### Service or Treatment Information:

Description of service or treatment: (include CPT and HCPCS codes) Attach Billing Documents.

What is the cost or estimated cost of this service or treatment?

Is this service or treatment necessitated by the crime? Yes? No?

If *No* please explain:

Is any portion of this covered by Insurance, or did the Applicant/Victim pay any portion of this claim? Yes? No?

If *Yes* please explain:

*The information provided herein is true and accurate to the best of my information and belief.*

Authorized Signature/Date

Print Signers Name:

Tax ID Number

Tele:

Fax:

Email:

*Fax to:*  
(702) 486-2825

*Mail to:* VOCP  
6171 W. Charleston Blvd., Bldg. 9  
Las Vegas, NV 89146

*Scan and email to:*  
vocp@dcsf.nv.gov

### VOCP Pre-Authorization for Payment for Treatment or Services:

*This Authorization is only valid for 60 days after date approved by the Compensation Officer*

VOCP Decision:

Amount Approved \$

Date CCSI Review:

Approved      Denied

Compensation Officer Signature (Required for Approval)

Date: