



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
500 E. Warm Springs Road, Suite 100
Las Vegas, NV 89119

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: