PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
VICTIMS OF CRIME COMPENSATION OFFICE
50 Park Place
Newark, NJ 07102
Telephone: (973) 648-2107 Fax: (973) 648-3937
Website: www.njvictims.org Email: njvictims@njvictims.org

ANDREW BRUCK
Acting Attorney General

LYNDSAY V. RUOTOLO
Director

MARY ELLEN BONSPER
VCCO Director

Physical Therapist

Re: Patient:
Social Security No.:
Account No.:
Our Claim No.:

Dear Sir/Madam:

A claim for crime victim compensation concerning the above named patient has been filed with the Victims of Crime Compensation Office of the State of New Jersey.

Could you please help us process this claim by completing the attached “Physical Therapy Treatment” form.

Attached is a copy of the Authorization to Obtain Records.

If you have any questions, please contact the Office at 973-648-2107.

Thank you for your cooperation.

Sincerely,

Enc.
L-6

Victims of Crime Compensation Office
Physical Therapy Treatment Form

Patient Name:

Address:

Account #:

Social Security #:

Nature of treatment:

Dates of treatment:

Charge per treatment:

Total charges to date:

If any of your charges are covered by insurance, Medicare, Medicaid, worker's compensation, etc., state the source of coverage.

How much have you been paid to date?

By whom?

Date:_____ _____

Authorized Signature