

Where do I send reimbursement requests? BPA or Program?

| <u>Benefit</u> | <u>Benefit Plan Administrators (BPA)</u> | <u>VA Birth Injury (Program)</u> |
|---|---|---|
| <i>Medical Expenses not covered by primary insurance</i> | X | |
| <i>Doctor Co-Pays</i> | X | |
| <i>Therapy Co-Pays</i> | X | |
| <i>Hospital Bills</i> | X | |
| <i>Prescriptions</i> | X | |
| <i>Diapers, Formulas, Wipes, Gloves, Pads, etc.</i> | X | |
| <i>Reimbursements for Agency/Attendant Care</i> | | X |
| <i>Health Insurance Premium for Claimant Policy or Claimant portion of the Family or Parents' employee policy reimbursements</i> | | X |
| <i>Over the Counter Supplies (Formula, Probiotics, Supplements)</i> | X | |
| <i>Augmentative Communication</i> | | X |
| <i>Durable Medical Equipment (DME) (must be pre- authorized by Program)</i> | X | X |
| <i>Cell Phone Reimbursement</i> | | X |
| <i>Postage Reimbursement</i> | | X |
| <i>Mileage Reimbursement</i> | | X |
| <i>Therapy</i> | X | |
| <i>Dental Care</i> | X | |
| <i>Van Insurance</i> | | X |
| <i>Authorized Medically Necessary Travel over 100 miles from admitted claimant's home</i> | | X |
| <i>Health Insurance Premium for Claimant Policy or Claimant portion of the Family or Parents' employee policy – to pay directly</i> | | X |
| <i>Reimbursements for Family Care/Independent Care</i> | | X |
| <i>Requests for housing benefits (Modifications)</i> | | X |
| <i>Requests for housing benefits (Rent)</i> | | X |
| <i>Requests for van benefits</i> | | X |
| <i>Requests for Reimbursements for certain taxes and attorney's fees</i> | | X |
| <i>Therapeutic toy reimbursement (up to \$300 each calendar year)</i> | | X |
| <i>Grief/Funeral expense reimbursement</i> | | X |
| <i>Any requests not specifically described here</i> | | X |
| <i>Personal Property Tax</i> | | X |
| <i>Self-Employee Tax</i> | | X |
| <i>Long term Care</i> | | X |
| <i>Family Counseling (matters related to caring for admitted claimants)</i> | | X |
| <i>Wage benefit for admitted claimants</i> | | X |