

Submit this document to:
 Crime Victims Compensation Program
 Department of Labor & Industries
 Post Office Box 44520
 Olympia, Washington 98504-4520

CVCP TREATMENT REPORT: FORM IV

This form must be submitted to request preauthorization for payment of additional sessions. Preauthorization is contingent on the detail provided.

Bill Procedure Code 0125C For This Report.

Victim's Name		CVCP Claim Number
Family Member's Name (if counseling is for a family member of a sexual assault or homicide victim)		Date Treatment Began
Time Period this Report Covers (<i>from</i> month/day/year <i>to</i> month/day/year)		Date Form Completed
Clinician's Name	Clinician's Provider Number (if known)	Number of sessions to date
Clinician's Address		Clinician's Phone Number ()
Street	City	State Zip+4

Does your patient have insurance other than CVCP? If so what insurance is available _____
It is your responsibility to verify your patient's insurance coverage and ensure its rules are being followed.

Please review the CVCP guidelines on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.

1) What were the diagnoses at treatment onset?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V/Current GAF: _____

Highest GAF past Year: _____

Turn page to continue

2) What are the current diagnoses (*if different from those listed above*)?

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V/ Current GAF:

Highest GAF past year:

3) Request for extended sessions (*Complete either A, B or C, whichever is applicable*)

A. Substantial progress toward treatment goals has been made.
Explain:

Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.

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B. Partial progress toward treatment goals has been made.

Explain:

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Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.

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C. Little/no progress toward treatment goals has been made.

Explain:

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Please explain the proposed plan for treatment and number of sessions you are requesting. Please also list who, in addition to the victim, you expect to include in treatment sessions e.g., parent(s), significant others.

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