

Who do I contact regarding reimbursement requests? Rising Medical Solutions or the Program?		
	Rising Medical Solutions	VA Birth Injury (the Program)
<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 reimbursement</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 the Program)</i>	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	X
<i>Family Counseling (matters related to caring for admitted claimants)</i>	X	
<i>Wage benefit for admitted claimants</i>		X