

## **TRAUMA CARE ASSISTANCE REVOLVING FUND**

### **Checklist for Submission – Hospital**

It is imperative your application is submitted correctly to ensure it qualifies for Trauma Fund reimbursement. In order to assure that you may accomplish this several steps have been taken to facilitate accurate submission:

1. The OSDH has programmed the financial calculations into the Claim Form so that you do not have to manually perform the financial calculations.
2. Detailed financial calculation instructions have been provided to help you correctly identify the amount to enter into your Claim Form (see "Hospital Financial Instructions").

Utilize the following checklist to ensure your application is complete.

#### ***Check to ensure you have submitted:***

- Original signed and notarized copy of the *Memorandum of Agreement*. This must be signed by the incorporator, partner, member or authorized member of management.
- Electronic copy of the Claim Form in the supplied Microsoft Excel format in a CD/DVD-ROM.  
**Please LABEL the disk with your organization name and application period.**
- A copy of your Medicare Worksheet C Part I.
- Explanation/example of how your Cost-To-Charge ratio was calculated. You may show this on your Medicare Worksheet C, or on a separate piece of paper.
- Each provider that never applied and/or received disbursement from the Trauma Fund must sign and return an original copy of the Office of Management and Enterprise Services (OMES)-Vendor/Payee Form. This form is required to process disbursement from a State Agency. If you have any ownership or address change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.

**NOTE: We no longer require a hard copy of the claim form**

**Do NOT submit any documentation individually. Any submission that does not have all the above documents in their application is considered INCOMPLETE, and may be disqualified from reimbursement.**

Your complete application including all of the above documentation is due in the OSDH-Emergency Systems office **by 5:00 P.M. on the DEADLINE DATE identified in the Hospital Letter of Invitation.**