

## TRAUMA CARE ASSISTANCE REVOLVING FUND Checklist For Submission – Physician

It is important that your application be received correctly to ensure that it qualifies for Trauma Fund reimbursement. Any incomplete submissions may be disqualified from disbursement. In order to assure this several steps have been taken to facilitate your accurate submission. OSDH has programmed the financial calculations into the Excel spreadsheet so that you do not have to manually perform the financial calculations.

This checklist has been developed to further ensure your ability to submit an accurate application within the necessary timeline.

*When submitting your application package, have you included:*

- Original signed and notarized copy of the *Memorandum of Agreement (MOA)*. If applicant is a physician group, only submit one MOA with a list of applying physicians and their respective license number on the company letterhead, both documents signed by an incorporator, partner, member, or authorized member of management.

- Electronic copy of the *Physician Claim Form* in the supplied MS Excel format in a CD/DVD-ROM. **Please LABEL the disk with your organization name and application period.**

If you are submitting as a physician group, do NOT submit individual spreadsheets/worksheets. Please group all the physician(s) cases in ONE spreadsheet – each case must be listed line by line and differentiated by physicians in the column “License #.”

- Contact information for the person responsible for your application must be included on your *Physician Claim Form*.
- Each provider that has not applied to the Trauma Fund must sign and return an original copy of the Office of Management and Enterprise Services (OMES)–Vendor/Payee Form. The vendor form is required in order to process disbursement from a State Agency. If you have any ownership and address change in your organization 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 application including all of the above documentation is due in the OSDH Emergency Systems office by 5:00P.M. on the DEADLINE DATE identified in the Physician Letter of Invitation.**