

## ATTACHMENT 1

### Countermeasures Injury Compensation Program (CICP)

#### Documentation Required to Reimburse or Pay for Medical Expenses and/or Lost Employment Income

To calculate the benefits to be reimbursed or paid for medical services and/or lost employment income, the CICP requires that you submit specific documentation. The documentation that you submit will depend on the benefits requested and third-party coverage you may have.

For each of the two sections below, please choose one of the descriptions that best fits your situation.

#### **Section I. Unreimbursed Medical Expenses**

Choose either A, B or C and submit the requested documents described in that section.

**A. If you are not requesting any payment or reimbursement for unreimbursed medical expenses, please do the following:**

- Complete Option 1 of Attachment 2 - “Certification of Status: Unreimbursed Medical Expenses,” sign and date the form, and submit it to the CICP.

**B. If you are requesting payment or reimbursement for unreimbursed medical expenses related to the countermeasure injury and you DO NOT have any third-party payers of these expenses (private insurance company, employer, another government program, etc.), please do the following:**

- Complete Option 2 of Attachment 2 - “Certification of Status: Unreimbursed Medical Expenses,” and sign and date the form.
- Gather your latest itemized statement(s), bill(s), and/or receipt(s) from each healthcare provider (e.g., clinic, hospital, doctor’s office, or pharmacy) where you sought medical services or items for the covered injury or health complications from that injury. These documents must indicate the amount that was paid and the amount that may still be owed.
- Submit all of the documents described above to the CICP.

**C. If you are requesting payment or reimbursement for unreimbursed medical expenses and you DO have third-party payers for all or part of your medical expenses related to the countermeasure injury (private insurance company, employer, another government program, etc.), please do the following:**

- Complete Option 3 of Attachment 2 - “Certification of Status: Unreimbursed Medical Expenses,” and sign and date the form.

- Write a list of all third-party payers, including, but not limited to: Medicare, Medicaid, the Department of Veterans Affairs (VA), military treatment facilities, health insurance companies, or health maintenance organizations, which may have an obligation to pay for or provide medical services or items. This list must include the address, phone number, and account and plan number for each third-party payer. Please ensure the list is legible and organized as described because not doing so could delay the calculation of benefits.
- Gather documentation from each third-party payer (e.g., an Explanation of Benefits from your health insurance company) expected or obligated to pay for the medical services or items used to diagnose or treat your covered injury or health complications of that injury. Indicate the amounts that they have paid and amount that you are required to pay to satisfy the bill.
- Submit all of the documents described above to the CICP

## **Section II. Lost Employment Income**

Choose either A, B or C and submit the requested documents described in that section.

### **A. If you are not requesting lost employment income benefits, please do the following:**

- Complete Option 1 of Attachment 3 - "Certification of Status: Lost Employment Income Benefits," sign and date the form, and submit it to the CICP.

### **B. If you are requesting payment or reimbursement for lost employment income related to the countermeasure injury and you DO NOT have any third-party payers for your lost employment income, please do the following:**

- Complete Option 2 of Attachment 3 - "Certification of Status: Lost Employment Income Benefits," and sign and date the form.
- Gather documentation indicating the number of days (including partial days) of work missed as a result of the covered injury or its health complications for which you lost employment income (e.g., a time sheet from the pay period(s) showing work days missed) and documentation of unpaid leave status.
- Gather your Federal tax return or pay stub(s) from all employers showing your gross employment income at the time the covered injury was sustained.
- Gather your Federal tax return for the year in which the covered injury was sustained, if you had dependents.
- Submit all of the documents described above to the CICP.

**C. If you are requesting payment or reimbursement for lost employment income related to the countermeasure injury and you do have third-party payers for your lost employment income, please do the following:**

- Complete Option 3 of Attachment 3 - “Certification of Status: Lost Employment Income Benefits,” and sign and date the form.
- Write a list of all third-party payers providing lost employment income benefits to you, including, but not limited to disability insurance or Worker’s Compensation. This list must include the address, phone number, and case number for each third-party payer. Please ensure the list is legible and organized as described because not doing so could delay the calculation of benefits.
- Gather documentation indicating the number of days (including partial days) of work missed as a result of the covered injury or its health complications for which you lost income (e.g., a time sheet from the pay period(s) showing work days missed) and documentation of unpaid leave status.
- Gather your Federal tax return or pay stub(s) from all employers showing your gross employment income at the time the covered injury was sustained.
- Gather your Federal tax return for the year in which the covered injury was sustained, if you had dependents.
- Gather documentation of the amount of benefits paid or payable (if available), on your behalf by third-party payers for loss of employment income, disability, and/or retirement benefits (e.g., disability insurance or Worker’s Compensation).
- Submit all of the documents described above to the CICP.

Please fill out your Certifications of Status (Attachments 2 and 3) and send the Certifications and all the documents that apply to you, to the address below. All materials must be received within **60 days** of the date of the enclosed letter. Please inform the Program if you need more time. If you have any questions, please contact Ana Balingit-Wines at 301-443-2030 or write a letter to her at the address below.

Health Resources and Services Administration  
Countermeasures Injury Compensation Program  
5600 Fishers Lane, Room 11C-06  
Rockville, MD 20857