

## **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, as the injured countermeasure recipient's representative, submit specific documentation on his/her behalf. The documentation that you submit will depend on the benefits requested and third-party coverage the injured countermeasure recipient may have.

For each of the two sections below, please choose one of the descriptions that best fits the injured countermeasure recipient's situation.

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

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

**A. If the injured countermeasure recipient is 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 the injured countermeasure recipient is requesting payment or reimbursement for unreimbursed medical expenses related to the countermeasure injury and DOES 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 the latest itemized statement(s), bill(s), and/or receipt(s) from each healthcare provider (e.g., clinic, hospital, doctor's office, or pharmacy) where the injured countermeasure recipient 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 the injured countermeasure recipient is requesting payment or reimbursement for unreimbursed medical expenses and DOES have third-party payers for all or part of the 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 the injured countermeasure recipient’s health insurance company) expected or obligated to pay for the medical services or items used to diagnose or treat the injured countermeasure recipient’s covered injury or health complications of that injury. Indicate the amounts that they have paid and amount that the injured countermeasure recipient is 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 the injured countermeasure recipient is 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 the injured countermeasure recipient is requesting payment or reimbursement for lost employment income related to the countermeasure injury and DOES NOT have any third-party payers for 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 the injured countermeasure recipient lost employment income (e.g., a time sheet from the pay period(s) showing work days missed) and documentation of unpaid leave status.
- Gather the injured countermeasure recipient’s Federal tax return or pay stub(s) from all employers showing their gross employment income at the time the covered injury was sustained.

- Gather the injured countermeasure recipient's Federal tax return for the year in which the covered injury was sustained, if they had dependents.
- Submit all of the documents described above to the CICP.

**C. If the injured countermeasure recipient is requesting payment or reimbursement for lost employment income related to the countermeasure injury and DOES have third-party payers for 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 the injured countermeasure recipient, 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 the injured countermeasure recipient lost income (e.g., a time sheet from the pay period(s) showing work days missed) and documentation of unpaid leave status.
- Gather the injured countermeasure recipient's Federal tax return or pay stub(s) from all employers showing their gross employment income at the time the covered injury was sustained.
- Gather the injured countermeasure recipient's Federal tax return for the year in which the covered injury was sustained, if he/she had dependents.
- Gather documentation of the amount of benefits paid or payable (if available), by third-party payers on the injured countermeasure recipient's behalf, for loss of employment income, disability, and/or retirement benefits (e.g., disability insurance or Workers' Compensation).
- Submit all of the documents described above to the CICP.

Please fill out the Certifications of Status (Attachments 2 and 3) and send the Certifications and all the documents that apply to the injured countermeasure recipient, 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  
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