



Application/Bill Status Request Form

PLEASE FAX THIS REQUEST TO
916.491.6459

This form is to be used for requesting the status of applications or bills that have been submitted to the Victim Compensation Program.

PROVIDER INFORMATION:

Name of Requestor:	
Name of Organization:	
Phone Number:	
Fax Number:	

For Bill Status Inquiries:

Please make a separate entry for each bill inquiry. **Please request status exactly the way it was billed:** Ex. if dates of service 01/01/2010, 1/02/10, 1/03/1 were billed on one form, do not request status for three separate dates simply write 01/01/10-01/03/10 in the "Date of Service" field.

Thank you for printing legibly. Feel free to use additional sheets as necessary.

1. Application No.	Claimant name:	Date(s) of Service:	Billed Amount:
BOARD RESPONSE: Eligibility: ♦ Allowed ♦ Pending ♦ Recommended for Denial/Denied		Bill no:	Date Paid:
Other Information:		Amount Paid:	
		Check no.	
2. Application No.	Claimant name:	Date(s) of Service:	Billed Amount:
BOARD RESPONSE: Eligibility: ♦ Allowed ♦ Pending ♦ Recommended for Denial/Denied		Bill no:	Date Paid:
Other Information:		Amount Paid:	
		Check no.	
3. Application No.	Claimant name:	Date(s) of Service:	Billed Amount:
BOARD RESPONSE: Eligibility: ♦ Allowed ♦ Pending ♦ Recommended for Denial/Denied		Bill no:	Date Paid:
Other Information:		Amount Paid:	
		Check no.	
4. Application No.	Claimant name:	Date(s) of Service:	Billed Amount:
BOARD RESPONSE: Eligibility: ♦ Allowed ♦ Pending ♦ Recommended for Denial/Denied		Bill no:	Date Paid:
Other Information:		Amount Paid:	
		Check no.	

Any questions? Please call 1.800.777.9229 to speak with a Customer Service Representative.

Information on this form is intended for the single requestor listed above. All claims filed with the California Victim Compensation Program (CalVCP) are confidential. Except as required by law, information such as the identity of an applicant, the existence of a claim, the status of a claim or other details regarding the claim can only be disclosed with the written permission of the applicant. Disclosure of confidential CalVCP information to unauthorized parties is a violation of California Law.
Revised 03/01/11

Privacy Notice on Collection

1. Currently, there is no official authority compelling one to provide the requested information collected on this page.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/prs.aspx>.
3. This information will be collected for the purpose of providing application status information.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
 - b. Protect and defend the rights or property of VCGCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is voluntary.
7. The consequence of not providing the requested information will result in the requestor not being provided their application status.
8. You have the right to access only the records containing the personal information that you provided.
9. The information collected is used by Customer Service Section.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 4th Floor, Sacramento, CA 95811, email info@vcgcb.ca.gov, call (800) 777-9229, or contact the VCGCB Privacy Coordinator at InfoSecurityandPrivacy@vcgcb.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.