

Perry County Victim Witness Program

CORRECT EXAMPLE

Description of Loss	Value/Expense
<u>Stolen cash</u>	<u>\$80</u>
<u>Nine West purse</u>	<u>\$62</u>
<u>1/4 karat diamond tennis bracelet</u>	<u>\$250</u>
<u>Doctor visit copay (Dr. Smith 2/1/13)</u>	<u>\$15</u>
<u>Prescription medication no-insurance</u>	<u>\$10</u>
	<u>\$</u>
	<u>\$</u>
Total Loss/Damage	\$417
(-) Amount Insurance Covered (other than medical insurance)	<u>\$200</u>
= Total out-of-pocket expense	<u>\$217</u>

Please complete the following:

Was the claim covered by insurance? Yes No In Part

Have you submitted a claim to your insurance carrier? Yes No
(other than medical insurance)

Did you pay a deductible on this insurance claim? \$50.00

Do you have medical insurance for medical expenses? Yes No

Was any property listed above recovered? Yes No

Has any property listed above been returned to you? Yes No

Are there ongoing medical-related expenses? Yes No In Part

Name of Insurance Company: State Farm Insurance

Address: 111 Market St., Harrisburg PA

Policy Number: 90903469 Phone #: 202-555-1212

ATTACH INVOICES, RECEIPTS, ESTIMATES

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INCORRECT EXAMPLE

Description of Loss	Value/Expense
Stolen items	\$392
Doctor	\$25
	\$
	\$
	\$
Total Loss/Damage	\$
(-) Amount Insurance Covered (other than medical insurance)	\$
= Total out-of-pocket expense	<u>\$417</u>

**INCORRECT:
MUST ITEMIZE
& DESCRIBE
LOSSES**

Please complete the following:

Was the claim covered by insurance? Yes No In Part

Have you submitted a claim to your insurance carrier? Yes No
(other than medical insurance)

Did you pay a deductible on this insurance claim? \$ _____

Do you have medical insurance for medical expenses? Yes No

Was any property listed above recovered? Yes No

Has any property listed above been returned to you? Yes No

Are there ongoing medical-related expenses? Yes No In Part

Name of Insurance Company: _____

Address: _____

Policy Number: _____ Phone #: _____

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