

# Claim Form Checklist

**YOUR COMPLETED CLAIM FORM MUST BE POSTMARKED BEFORE OR ON NOVEMBER 14, 2016. If you have any questions, call 1-877-202-3282.**

*This checklist is a tool to help you make sure that you include all required information and all required documents with your Claim Form submission. Failure to include required information or documents may result in a delay in the processing of your Claim Form.*

**Review the Claim Form to make sure that you answered all of the questions, that you signed the form, and that you provided all required documents.**

## Section 1: Background (pages 1-2) (Blue)

Please make sure you:

- Completely fill out the information requested on the form.
- Include documentation of your representative status (such as Court Order, power of attorney, or guardianship papers) if you are the patient’s authorized representative or the representative of the patient’s estate.

## Section 2(a): Claims for Money Paid to or at the Direction of Farid Fata (pages 3-5) (Grey)

If you are filing a claim under this section, please make sure you:

- Completely fill out the information requested on the form, AND
- If you are requesting compensation for a treatment or service that the defendant ordered from an outside provider, provide documentation that the defendant ordered it, AND
- Fill out Table #1 on page 5 of the Claim Form, AND provide the following documentation for *each* claimed cost:
  - Receipts (with table number and row numbers written in the upper right-hand corner), OR
  - Proof of amounts owed (with table number and row numbers written in the upper right-hand corner).

## Section 2(b): Claims for Money Paid for Remedial Medical and Dental Treatment (pages 6-8) (Green)

If you are filing a claim under this section, please make sure you:

- Completely fill out the information requested on the form, AND
- Fill out Table #2 on page 8 of the Claim Form, AND provide the following documentation for *each* claimed cost:
  - Receipts (with table number and row numbers written in the upper right-hand corner), OR
  - Proof of amount owed (with table number and row numbers written in the upper right-hand corner).

AND provide your:

- Physician and Dentist Form (signed by the physician or dentist).

**Section 2(c): Claims for Money Paid for Mental Health Treatment (pages 9-11) (Purple)**

If you are filing a claim under this section, please make sure you:

- Completely fill out the information requested on the form, AND
- Fill out Table #3 on page 11 of the Claim Form, AND provide the following documentation for *each* claimed cost:
  - Receipts (with table number and row numbers written in the upper right-hand corner), OR
  - Proof of amount owed (with table number and row numbers written in the upper right-hand corner).

AND provide your:

- Mental Health Treatment Provider Form (signed by the mental health treatment provider).

**Section 2(d): Claims for Money Paid for Funeral Costs (pages 12-13) (Red)**

If you are filing a claim under this section, please make sure you:

- Completely fill out the information requested on the form, AND provide the following documents:
  - Death certificate, AND
  - Proof that deceased was a patient of Farid Fata, AND
  - Copy of obituary (if one was published).

**Section 3: Compensation From Other Sources (pages 13-14) (Blue)**

Please make sure you:

- Completely fill out the information requested on the form.
- No additional documents are required for this section.

**PLEASE NOTE: If you receive compensation from another source after your Claim Form is filed, you have an ongoing obligation to report that compensation. To report compensation, please call 1-877-202-3282 from Monday through Friday between the hours of 9:00 a.m. and 8:00 p.m. Eastern Time.**

**Section 4: Who Can Communicate for You Regarding Your Claim Form (page 15) (Yellow)**

If you would like another person to be able to communicate for you regarding your claim, please make sure you:

- Completely fill out the information requested on the form.
- No additional documents are required for this section.

**Section 5: Swearing That Contents of the Claim Form Are True (page 15) (Blue)**

- Your signature is required to process your Claim Form.***
- Before signing, please review the information you are providing on the Claim Form to ensure it is true, complete, and correct.
- Make a copy of your Claim Form and supporting documents before you submit it, and keep the copy for your records.

It is not necessary to return this checklist with your Claim Form.