

TRAUMA CARE ASSISTANCE REVOLVING FUND

Checklist for Submission – Physician

ATTENTION: CHANGE IN PROCESS FOR TRAUMA FUND APPLICATION
ALL DOCUMENTS WILL NEED TO BE UPLOADED TO YOUR BOX ACCOUNT

It is important that your application be received correctly to ensure that it qualifies for Trauma Fund reimbursement.

- Any incomplete submissions may be disqualified from disbursement. Several steps have been taken to facilitate your accurate submission.
- OSDH has programmed the financial calculations into the Excel spreadsheet so that you do not have to manually perform the financial calculations.

Utilize the following checklist to ensure your application is complete and accurate.

- Original signed and notarized *Memorandum of Agreement (MOA)* (two pages).
If applicant is a physician group, only submit one (1) MOA.
Please Note: When uploading to Box, please scan original notarized MOA and upload.
- Provide a list of applying physicians and their respective license number and license level on the company letterhead.
Please Note: MOA and Physician List must both be signed by an incorporator, partner, member, or authorized member of management.
- Electronic copy of the *Physician Claim Form* in the supplied MS Excel format. **NO CD PLEASE**
Please LABEL the Claim Form with your organization name and application period. Include the contact information for the person preparing the data on the spreadsheet.

If you are submitting as a physician group, do NOT submit individual spreadsheets/worksheets. Please group all the physician(s) cases in ONE spreadsheet – each case must be listed line by line and differentiated by physician in the column “License #.”

Do NOT submit a paper copy of the Claim Form.

Please refer to the deadline in the Letter of Invitation to upload your application to BOX.

Please Note: There is no need to encrypt your file before loading to BOX unless that is your group’s policy.

- Contact information for the person responsible for your application must be included on your *Physician Claim Form*. It is recommended to monitor emails during the review process to ensure no communication from OSDH is missed.
- ***Only if it applies***:**
Each provider that has not applied to the Trauma Fund in the past must sign and return an original copy of the Office of Management and Enterprise Services (OMES)–Vendor/Payee Form. The vendor form is required in order to process disbursement from a State Agency. If you are receiving paper checks from OSDH, please fill out a new Vendor/Payee Form.

Submit a new form if you have any of the following changes in the last 6 months:

- Ownership or Name change
- Address
- Point of contact
- Tax identification number

Any submission that does not have all the above documents in their application is considered INCOMPLETE, and will be disqualified from reimbursement.

Your application including all of the above documentation is due in the OSDH Emergency Systems office by 5:00P.M. on the DEADLINE DATE identified in the Physician Letter of Invitation.