Catastrophic Illness in Children Relief Fund Expense Documentation

* CICRF considers eligible expenses within two years of the date the application is received.
* **Proof expenses have been paid by the parent/guardian is required**. In some cases, **proof of insurance denial** will also be needed.

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| **Type of Expense** | **Documentation Needed** | **Proof of Payment** | **Insurance** |
| **Medical Expenses,** hospital, physician, laboratory, ambulance, home nursing, residential treatment, etc. | Billing statements, including service dates, services rendered, insurance & family payments, copay/co-insurance and deductibles Letter from the child’s physician stating the medical reasons for any out-of-state treatment | Credit card receipts & statements, canceled checks, bank statements | Explanation of Benefits showing payments and/or denial and appeal letters |
| **Medical Equipment & Supplies,** mobility equipment, generators, etc. | Billing statements, including service dates, services rendered, insurance & family payments, copay/co-insurance and deductibles Letter from the child’s physician and/or healthcare provider with the medical reasonsfor each expense | Credit card receipts & statements, canceled checks, bank statements | Explanation of Benefits showing payments and/or denial and appeal letters for each item |
| **Medication**, prescription and over-the-counter, nutritional supplements | Receipts or pharmacy summary report showing child’s name, date of service and name of medicationLetter from the child’s physician and/orhealthcare provider with the medical reasons for each over-the counter expense | Receipts for each medication or pharmacy summary report | Explanation of Benefits showing payments and/or denial and appeal letters |
| **Therapy Services,** e.g. aqua therapy, chiropractic, therapeutic horseback riding, alternative treatments | Billing statements, including service dates, services rendered, insurance & family payments Letter from the child’s physician and/or healthcare provider with the medical reasonsfor each expense | Credit card receipts & statements, canceled checks, bank statements, or statement from provider showing payment by family and dates of service | Explanation of Benefits showing payments and/or denial and appeal letters |
| **CommonHealth, MassHealth, and CMSP premiums** | MassHealth statements (CICRF can request on your behalf with a signed release) | Credit card receipts &statements, canceled checks, bank statements | N/A |
| **Travel/Lodging Expenses**, ifyou live 50 miles or more from the treating facility | Billing statements, receipts or invoices with the parent/guardian’s name and the date of service | Credit card receipts &statements, canceled checks, bank statements | N/A |
| **Funeral/Burial Expenses** for families < 400% Federal PovertyLevel only, with max of $10,000 | Invoices or receipts for funeral home, cemetery, and monuments | Credit card receipts & statements, canceledchecks, paid invoices | N/A |