

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.

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 reasons for 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 medication Letter from the child's physician and/or healthcare 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 reasons for 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 , if you 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 Poverty Level only, with max of \$10,000	Invoices or receipts for funeral home, cemetery, and monuments	Credit card receipts & statements, canceled checks, paid invoices	N/A

