BOARD MEETING MINUTES

TUESDAY, AUGUST 6, 2019

Louisiana Commission on Law Enforcement

Member Attendees

Linda Gautier, Rena Hebert, Carla Shorty, Carolyn Stapleton, Catalene Theriot, Audrey Thibodeaux, Amanda Tonkovich, Tameka White

Member Absentees

Gary "Stitch" Guillory, Angela Henderson, Lisa Kiper

Staff Attendees

Robert Wertz, Carla Trahan, Lakisha Harris, Sarah Hayden

Guest Attendees

Erich Duchmann, David "Jeddie" Smith, Jane Wood, Rikee Ruffin

CALL TO ORDER

Ms. Tonkovich called the Board meeting to order at 9:15 a.m.

APPROVAL OF MINUTES OF THE PREVIOUS MEETING

Ms. Shorty made a motion to approve the minutes of the previous meeting. Ms. Theriot seconded the motion and the motion passed unanimously.

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Parish	CVR #	Claim #	Resolution
Acadia	ACAD16-001	160451	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for MEDICAL to Lafayette General Medical Center
ACADIA	ACAD19-002	190687	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ACADIA	ACAD19-003	190695	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ACADIA	ACAD19-321	191061	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ALLEN	ALLE19-321	191062	Claim Eligibility APPROVED. Payment of $431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital
ALLEN	ALLE19-322	191063	Claim Eligibility APPROVED. Payment of $431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital
ASCENSION	ASCE19-302	190724	Claim Eligibility APPROVED. Payment of $325.00 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-302	190877	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-304	191112	Claim Eligibility APPROVED. Payment of $325.00 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-321	190886	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASSUMPTION	ASSU19-005	190972	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Landry's Funeral Home, Inc.
ASSUMPTION	ASSU19-321	191064	Claim UNABLE TO PROCESS - . Payment of $0.00 APPROVED for MEDICAL to Memorial Hospital at Gulfport
AVOYELLES	AVOY18-376	191018	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
AVOYELLES	AVOY19-005	191053	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
BIENVILLE	BIEN19-338	190953	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-006	191165	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
BOSSIER	BOSS19-759	190775	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
BOSSIER	BOSS19-764	190922	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-765	190923	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-768	191025	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-771	191167	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-772	191168	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-773	191244	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-774	191245	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-779	191243	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Caddo	CADD17-034	171997	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Precious Memories Mortuary
Caddo	CADD17-040	172410	Claim Eligibility APPROVED. Payment of $1,016.59 APPROVED for FUNERAL to Claimant Payment of $3,483.41 APPROVED for FUNERAL to Heavenly Gates Funeral Home
CADDO	CADD17-625	190990	Claim Eligibility APPROVED.
CADDO	CADD18-324	191213	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to North Caddo Medical Center
CADDO	CADD18-337	191212	Claim Eligibility APPROVED. Payment of $1,168.13 APPROVED for MEDICAL to North Caddo Medical Center
CADDO	CADD18-502	191019	Claim Eligibility APPROVED. Payment of $155.02 APPROVED for MEDICAL to WK Emergency Dept. Group
CADDO	CADD19-026	190858	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home
CADDO	CADD19-027	190904	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Fox Trail Apartments
CADDO	CADD19-029	191003	Claim Eligibility APPROVED.

Parish	CVR #	Claim #	Resolution
CADDO	CADD19-029	191004	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Precious Memories Mortuary
CADDO	CADD19-032	191159	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
CADDO	CADD19-033	191162	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
CADDO	CADD19-034	191222	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
CADDO	CADD19-307	191214	Claim Eligibility APPROVED. Payment of $920.79 APPROVED for MEDICAL to North Caddo Medical Center
CADDO	CADD19-414	190962	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-415	190961	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-416	190960	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-417	190957	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-418	190958	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-419	190959	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-503	191065	Claim Eligibility APPROVED. Payment of $397.00 APPROVED for MEDICAL to Willis Knighton Pierremont (ED)
CADDO	CADD19-765	190963	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-768	191024	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-772	191170	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-774	191171	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-775	191172	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
CADDO	CADD19-779	191166	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-804	191223	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-805	191224	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-806	191225	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-807	191226	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-808	191227	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-809	191228	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-810	191229	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-811	191230	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-812	191231	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-813	191232	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-814	191233	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Calcasieu	CALC16-028	160330	Claim Eligibility DENIED - Lack of Cooperation.
Calcasieu	CALC16-030	160325	Claim Eligibility DENIED - Lack of Cooperation.
Calcasieu	CALC16-090	160101	Claim Eligibility APPROVED.
Calcasieu	CALC18-604	180917	Claim Eligibility APPROVED. Payment of $1,141.47 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-015	191060	Claim Eligibility APPROVED. EMERGENCY Payment of $250.00 APPROVED for MEDICAL to Claimant

Parish	CVR #	Claim #	Resolution
CALCASIEU	CALC19-015	191211	Claim Eligibility APPROVED. EMERGENCY Payment of $250.00 APPROVED for MENTAL HEALTH to Claimant
CALCASIEU	CALC19-325	191038	Claim Eligibility APPROVED. Payment of $844.72 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-326	191039	Claim Eligibility APPROVED. Payment of $817.57 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-351	191071	Claim Eligibility APPROVED. Payment of $817.57 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-352	191070	Claim Eligibility APPROVED. Payment of $1,237.14 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-353	191080	Claim Eligibility APPROVED. Payment of $1,250.89 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-354	191079	Claim Eligibility APPROVED. Payment of $1,245.71 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-355	191078	Claim Eligibility APPROVED. Payment of $933.03 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-356	191076	Claim Eligibility APPROVED. Payment of $1,245.71 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-357	191074	Claim Eligibility APPROVED. Payment of $1,245.71 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-359	191068	Claim Eligibility APPROVED. Payment of $1,245.71 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-405	191208	Claim Eligibility APPROVED. Payment of $1,262.69 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CLAIBORNE	CLAI19-001	191103	Claim Eligibility APPROVED. Payment of $200.00 APPROVED for WAGE to Claimant
CLAIBORNE	CLAI19-308	191239	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Concordia	CONC16-002	161212	Claim Eligibility APPROVED. Payment of $5,632.00 APPROVED for WAGE to Claimant
CONCORDIA	CONC19-621	191047	Claim Eligibility APPROVED. Payment of $1,182.05 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
DESOTO	DESO19-306	190955	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
DESOTO	DESO19-307	191241	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
East Baton Rouge	EBAT17-098	171653	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Hall Davis & Sons Funeral Service, LLC
East Baton Rouge	EBAT17-134	170002	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Rollins Funeral Home
East Baton Rouge	EBAT17-138	170571	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Capital Funeral Home
East Baton Rouge	EBAT18-030	180566	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Claimant
EBR	EBAT19-022	190458	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Guarantee Investiment LLC EMERGENCY Payment of $500.00 APPROVED for Relocation to American Property Management Group, LLC
EBR	EBAT19-028	190514	Claim Eligibility APPROVED. EMERGENCY Payment of $248.66 APPROVED for MEDICAL to Claimant EMERGENCY Payment of $289.38 APPROVED for WAGE to Claimant
EBR	EBAT19-039	190999	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for WAGE to Claimant
EBR	EBAT19-040	191009	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-041	191011	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-043	191012	Claim Eligibility APPROVED. EMERGENCY Payment of $216.00 APPROVED for WAGE to Claimant
EBR	EBAT19-044	191013	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Hall Davis & Sons Funeral Service, LLC
EBR	EBAT19-045	190903	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Church Funeral Services, L.L.C.
EBR	EBAT19-046	191099	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-047	191100	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-048	191028	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-049	191104	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
EBR	EBAT19-050	191101	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MENTAL HEALTH to The Kitchen Table Payment of $500.00 APPROVED for MENTAL HEALTH to The Kitchen Table
EBR	EBAT19-052	191178	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Winnfield Funeral Home (Baton Rouge)
EBR	EBAT19-054	191077	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Boyd Family Funeral Home EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-055	191056	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to MJR Friendly Service Funeral Home, Inc.
EBR	EBAT19-056	191073	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Rabenhorst Funeral Home, Inc.
EBR	EBAT19-057	191072	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Rabenhorst Funeral Home, Inc.
EBR	EBAT19-058	191069	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-059	191067	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-060	191075	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant EMERGENCY Payment of $500.00 APPROVED for FUNERAL to MJR Friendly Service Funeral Home, Inc.
EBR	EBAT19-061	191156	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-062	191107	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
EBR	EBAT19-063	191106	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-064	191150	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-065	191158	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-066	191151	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-067	191153	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-068	191219	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Williams Funeral Home - Opelousas
EBR	EBAT19-351	190887	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-351	191189	Claim Eligibility APPROVED. Payment of $1,545.70 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center
EBR	EBAT19-352	190889	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-353	190888	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-354	190890	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-355	190892	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-356	190900	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-357	190893	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-358	190894	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-359	190895	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-360	190883	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-365	190841	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-375	190940	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-376	190939	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-610	190697	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-616	191197	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
EVANGELINE	EVAN19-001	190691	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
FRANKLIN	FRAN19-321	191066	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
IBERIA	IBER19-321	191081	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
IBERIA	IBER19-322	191083	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
IBERVILLE	IBEV19-321	191084	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
JACKSON	JACK19-001	191023	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
JACKSON	JACK19-021	191238	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Jefferson	JEFF17-012	171750	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Davis Mortuary Service, Inc.
JEFFERSON	JEFF18-764	191010	Claim Eligibility APPROVED. Payment of $835.40 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-306	190710	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-307	190713	Claim Eligibility APPROVED. Payment of $613.75 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-308	190872	Claim Eligibility APPROVED. Payment of $2,009.53 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
JEFFERSON	JEFF19-309	190873	Claim Eligibility APPROVED. Payment of $2,183.33 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
JEFFERSON	JEFF19-310	190874	Claim UNABLE TO PROCESS - . Payment of $0.00 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF19-311	190875	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-312	190876	Claim Eligibility APPROVED. Payment of $547.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-316	190938	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-317	190937	Claim Eligibility APPROVED. Payment of $547.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-318	190936	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-319	190935	Claim Eligibility APPROVED. Payment of $725.61 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-320	190934	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-321	190933	Claim Eligibility APPROVED. Payment of $1,500.36 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
JEFFERSON	JEFF19-322	190932	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-323	190930	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-325	190927	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-326	190925	Claim Eligibility APPROVED. Payment of $658.70 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-327	190951	Claim Eligibility APPROVED. Payment of $387.17 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-413	191058	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-414	191059	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-416	191052	Claim Eligibility APPROVED. Payment of $843.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-451	191085	Claim Eligibility APPROVED. Payment of $2,397.83 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF19-501	190970	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
Lafayette	LAFA17-001	170593	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of $541.20 APPROVED for MEDICAL to Claimant Payment of $591.63 APPROVED for MEDICAL to Thomas J Montgomery Payment of $74.92 APPROVED for MEDICAL to Claimant Payment of $8,270.22 APPROVED for MEDICAL to Lafayette General Medical Center
Lafayette	LAFA17-008	171877	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Syrie Funeral Home, Inc.
LAFAYETTE	LAFA19-004	191110	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for WAGE to Claimant
LAFAYETTE	LAFA19-013	191163	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for Relocation to Claimant
LAFAYETTE	LAFA19-315	190657	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-316	190661	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-317	190670	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-318	191138	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-319	190677	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-320	190679	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-321	190680	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-322	190694	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-376	191086	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-377	191087	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE

Parish	CVR #	Claim #	Resolution
LAFAYETTE	LAFA19-378	191088	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-379	191089	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-380	191090	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-381	191092	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-381	191191	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-382	191192	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-383	191194	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-384	191196	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-385	191199	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-386	191200	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-387	191209	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
LAFAYETTE	LAFA19-388	191202	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-389	191204	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-390	191205	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFOURCHE	LAFO19-002	190708	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LAFOURCHE	LAFO19-008	190968	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-008	191051	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
LAFOURCHE	LAFO19-403	190884	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-404	190885	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-600	191031	Claim Eligibility APPROVED.
LASALLE	LASA18-426	191020	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
LIVINGSTON	LIVI19-321	190878	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-322	190879	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-323	190880	Claim Eligibility APPROVED. Payment of $295.58 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent
LIVINGSTON	LIVI19-324	190881	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-334	190967	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-335	190966	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-336	190965	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-351	191096	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-382	191095	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
NATCHITOCHES	NATC19-406	191022	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
NATCHITOCHES	NATC19-410	191175	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
NATCHITOCHES	NATC19-411	191173	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
NATCHITOCHES	NATC19-412	191240	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
Orleans	ORLE14-081	140654	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Majestic Mortuary Service, Inc.
Orleans	ORLE15-089	150833	Claim Eligibility DENIED - Involved in Illegal Activity.
Orleans	ORLE15-131	150933	Claim Eligibility APPROVED. Payment of $3,900.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE16-050	161243	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE16-093	160193	Claim Eligibility APPROVED. Payment of $750.00 APPROVED for FUNERAL to Majestic Mortuary Service, Inc. Payment of $4,250.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE16-103	161202	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE16-106	160209	Claim Eligibility APPROVED.
Orleans	ORLE17-088	172282	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Murray Henderson Undertaking
ORLEANS	ORLE17-090	191203	Claim Eligibility APPROVED. Payment of $2,016.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
Orleans	ORLE17-109	171038	Claim Eligibility APPROVED. Payment of $4,940.25 APPROVED for FUNERAL to Professional Funeral Services Inc.
Orleans	ORLE17-110	171039	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Murray Henderson Undertaking
ORLEANS	ORLE18-601	190718	Claim Eligibility APPROVED. Payment of $591.36 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE18-603	190723	Claim Eligibility APPROVED. Payment of $213.76 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE18-681	190692	Claim Eligibility APPROVED. Payment of $1,974.88 APPROVED for MEDICAL to LCMC - SBO Payment of $115.50 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE18-683	190696	Claim Eligibility APPROVED. Payment of $115.50 APPROVED for MEDICAL to LCMC - SBO Payment of $2,112.79 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE18-686	190700	Claim Eligibility APPROVED. Payment of $1,505.04 APPROVED for MEDICAL to LCMC - SBO

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-687	190701	Claim Eligibility APPROVED. Payment of $2,005.54 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE18-689	190993	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-053	191000	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-055	191007	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Majestic Mortuary Service, Inc.
ORLEANS	ORLE19-058	191014	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Boyd Family Funeral Home
ORLEANS	ORLE19-059	191015	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Rhodes Funeral Home (NO/C)
ORLEANS	ORLE19-060	191016	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Ashaan Dorsey
ORLEANS	ORLE19-062	190941	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Professional Funeral Services
ORLEANS	ORLE19-066	190991	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-067	191149	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-069	191160	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Estelle J. Wilson Mortuary
ORLEANS	ORLE19-071	191179	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Professional Funeral Services
ORLEANS	ORLE19-072	191147	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-073	191082	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-076	191091	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-078	191148	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-079	191135	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ORLEANS	ORLE19-082	191216	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-084	191177	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-085	191180	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-323	190606	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to University Medical Center Mgt Corp
ORLEANS	ORLE19-325	190716	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-326	190722	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-337	190902	Claim Eligibility APPROVED. Payment of $1,873.81 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-338	190897	Claim Eligibility APPROVED. Payment of $1,931.84 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-339	190906	Claim Eligibility APPROVED. Payment of $350.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-340	190908	Claim Eligibility APPROVED. Payment of $835.40 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-341	190910	Claim Eligibility APPROVED. Payment of $1,744.01 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-342	190912	Claim Eligibility APPROVED. Payment of $4,595.63 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-343	190914	Claim Eligibility APPROVED. Payment of $2,030.56 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-344	190916	Claim Eligibility APPROVED. Payment of $3,452.73 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-345	190882	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-746	190964	Claim Eligibility APPROVED. Payment of $613.75 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-746	191050	Claim Eligibility APPROVED. Payment of $843.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-747	190944	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-747	191049	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-748	190945	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-749	190948	Claim Eligibility APPROVED. Payment of $629.38 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-750	190947	Claim Eligibility APPROVED. Payment of $754.32 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-751	190946	Claim Eligibility APPROVED. Payment of $785.78 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-751	191098	Claim Eligibility APPROVED. Payment of $1,659.45 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-752	190974	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-753	190973	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-754	190971	Claim Eligibility APPROVED. Payment of $2,135.48 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-755	190950	Claim Eligibility APPROVED. Payment of $3,557.78 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-757	190976	Claim Eligibility APPROVED. Payment of $1,738.51 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-757	191042	Claim Eligibility APPROVED. Payment of $1,514.75 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-758	190977	Claim Eligibility APPROVED. Payment of $754.32 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-758	191043	Claim Eligibility APPROVED. Payment of $2,059.85 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-760	191035	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-761	190988	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-762	191034	Claim Eligibility APPROVED. Payment of $1,667.84 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-763	191033	Claim Eligibility APPROVED. Payment of $2,587.85 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-764	191032	Claim Eligibility APPROVED. Payment of $3,233.96 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-780	190905	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
PLAQUEMINES	PLAQ18-351	190996	Claim Eligibility APPROVED. Payment of $594.44 APPROVED for MEDICAL to CARE Center
PLAQUEMINES	PLAQ19-006	191161	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for Relocation to Claimant
RAPIDES	RAPI18-351	190997	Claim Eligibility APPROVED. Payment of $853.48 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
RAPIDES	RAPI19-302	190899	Claim Eligibility APPROVED. Payment of $1,832.70 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
SABINE	SABI19-002	190782	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
SABINE	SABI19-302	190956	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
SABINE	SABI19-308	191026	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
SABINE	SABI19-313	191242	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
ST. BERNARD	BERN18-351	190989	Claim Eligibility APPROVED. Payment of $1,511.36 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ST. BERNARD	BERN19-002	190707	Claim Eligibility APPROVED. Payment of $607.00 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
ST. BERNARD	BERN19-002	190711	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-003	191102	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-005	190952	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-006	190943	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-006	191048	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-007	190942	Claim Eligibility APPROVED. Payment of $754.32 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR18-351	190992	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to LCMC - SBO
ST. CHARLES	CHAR19-010	190907	Claim Eligibility APPROVED.
ST. CHARLES	CHAR19-012	190816	Claim Eligibility APPROVED.
ST. CHARLES	CHAR19-017	191105	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ST. HELENA	HELE19-004	190986	Claim Eligibility APPROVED. Payment of $835.40 APPROVED for MEDICAL to CARE Center
ST. JOHN THE BA	JOHN19-604	190985	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
ST. JOHN THE BA	JOHN19-605	190984	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
ST. LANDRY	LAND19-001	190998	Claim Eligibility APPROVED. Payment of $250.00 APPROVED for MEDICAL TRAVEL to Claimant
ST. LANDRY	LAND19-301	190667	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. LANDRY	LAND19-303	191217	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-001	190373	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant

Parish	CVR #	Claim #	Resolution
ST. MARTIN	MART19-304	190665	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-305	191190	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-306	191193	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-307	191198	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-308	191206	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-309	191195	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARY	MARY19-308	190983	Claim Eligibility APPROVED. Payment of $330.00 APPROVED for MEDICAL to CARE Center
St. Tammany	TAMM16-004	160545	Claim UNABLE TO PROCESS - .
St. Tammany	TAMM16-006	160094	Claim Eligibility APPROVED. Payment of $1,458.75 APPROVED for CRIME SCENE CLEANUP to Claimant
ST. TAMMANY	TAMM19-317	190987	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
Tangipahoa	TANG15-006	150712	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
TANGIPAHOA	TANG19-002	190709	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-003	190714	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-004	191157	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for FUNERAL to Richardson Funeral Home (Amite)
TANGIPAHOA	TANG19-030	191152	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for CHILD CARE to Claimant
TANGIPAHOA	TANG19-307	190982	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-308	190981	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
Vermilion	VERM17-002	170703	Claim Eligibility APPROVED. Payment of $4,075.00 APPROVED for FUNERAL to Claimant
Vermilion	VERM18-300	180237	Claim Eligibility APPROVED. Payment of $1,216.13 APPROVED for MEDICAL to Abbeville General Hospital
Vermilion	VERM18-309	181940	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to Abbeville General Hospital
Vermilion	VERM18-313	182054	Claim Eligibility APPROVED. Payment of $1,437.89 APPROVED for MEDICAL to Abbeville General Hospital
Vermilion	VERM18-314	182055	Claim Eligibility APPROVED. Payment of $1,342.50 APPROVED for MEDICAL to Abbeville General Hospital
Vermilion	VERM18-315	182053	Claim Eligibility APPROVED. Payment of $1,452.54 APPROVED for MEDICAL to Abbeville General Hospital
VERMILLION	VERM19-001	190693	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERMILLION	VERM19-002	191207	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERNON	VERN19-301	190704	Claim Eligibility APPROVED. Payment of $561.82 APPROVED for MEDICAL to Vernon Parish Coroner's Office
WASHINGTON	WASH19-003	190720	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-010	190980	Claim Eligibility APPROVED. Payment of $532.38 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-011	190979	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
WEST FELICIANA	WFEL19-004	190978	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center

ADJOURNMENT / OTHER BUSINESS

The Board members agreed to schedule the next Board meeting for September 10, 2019.

The Board discussed ways to simplify sexual assault/child sexual abuse cases