Crime Victims Reparations Board
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR

JIM CRAFT
EXECUTIVE DIRECTOR

Louisiana Commission on Law Enforcement
www.lcle.la.gov/cvr
P.O. Box 3133 ✣ Baton Rouge, Louisiana 70821-3133 ✣ (225) 342-1749 ✣ 1-888-6-VICTIM (NATIONWIDE) ✣ Fax (225) 342-1672
An Equal Opportunity Employer

BOARD MEETING MINUTES

Monday, September 16, 2019

Louisiana Commission on Law Enforcement

Member Attendees

Linda Gautier, Rena Hebert, Angela Henderson, Carla Shorty, Carolyn Stapleton, Catalene Theriot, Audrey Thibodeaux

Member Absentees

Gary "Stitch" Guillory, Lisa Kiper, Amanda Tonkovich, Tameka White

Staff Attendees

Robert Wertz, Carla Trahan, Lakisha Harris

Guest Attendees

Jane Wood

CALL TO ORDER

Ms. Thibodeaux called the Crime Victims Reparations Board meeting for the date of September 16, 2019 to order at 9:36 a.m.

APPROVAL OF MINUTES OF PREVIOUS MEETING

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

Parish	CVR #	Claim #	Resolution
ASCENSION	ASCE19-322	191130	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-323	191139	Claim Eligibility APPROVED. Payment of $629.38 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-324	191188	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-401	191393	Claim UNABLE TO PROCESS - . Payment of $80.00 APPROVED for MEDICAL to Claimant
ASCENSION	ASCE19-402	191392	Claim UNABLE TO PROCESS - . Payment of $80.00 APPROVED for MEDICAL to Claimant
ASCENSION	ASCE19-403	191398	Claim UNABLE TO PROCESS - . Payment of $80.00 APPROVED for MEDICAL to Claimant
ASSUMPTION	ASSU19-304	191186	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
AVOYELLES	AVOY19-300	190870	Claim UNABLE TO PROCESS - . Payment of $1,714.75 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
BOSSIER	BOSS18-323	191349	Claim Eligibility APPROVED. Payment of $992.76 APPROVED for MEDICAL to University Health - Shreveport
BOSSIER	BOSS19-752	190650	Claim Eligibility APPROVED. Payment of $397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
BOSSIER	BOSS19-753	190653	Claim Eligibility APPROVED. Payment of $397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
CADDO	CADD16-004	160176	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MEDICAL to Enamel Dentistry
CADDO	CADD16-604	161293	Claim Eligibility APPROVED. Payment of $48.96 APPROVED for MEDICAL MILEAGE to Claimant Payment of $340.00 APPROVED for MENTAL HEALTH to Claimant
CADDO	CADD16-743	161050	Claim UNABLE TO PROCESS - . Payment of $1,999.06 APPROVED for MEDICAL to Willis Knighton North
CADDO	CADD17-037	172200	Claim Eligibility APPROVED.
CADDO	CADD17-600	170621	Claim Eligibility APPROVED. Payment of $157.45 APPROVED for MEDICAL to Claimant Payment of $221.65 APPROVED for MEDICAL to LSUHSC Shreveport Faculty Group Practice

Parish	CVR #	Claim #	Resolution
CADDO	CADD17-734	191368	Claim Eligibility APPROVED.
CADDO	CADD18-061	190840	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
CADDO	CADD18-341	182122	Claim Eligibility APPROVED. Payment of $1,379.77 APPROVED for MEDICAL to University Health - Shreveport
CADDO	CADD19-035	191381	Claim Eligibility APPROVED.
CADDO	CADD19-038	191303	Claim Eligibility APPROVED. EMERGENCY Payment of $300.00 APPROVED for MENTAL HEALTH to William Livigni
CADDO	CADD19-039	191382	Claim Eligibility APPROVED.
Calcasieu	CALC17-018	170781	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
Calcasieu	CALC17-070	172211	Claim Eligibility APPROVED. Payment of $3,689.50 APPROVED for FUNERAL to Claimant Payment of $700.00 APPROVED for FUNERAL to James Funeral Home
CALCASIEU	CALC17-072	191250	Claim Eligibility APPROVED.
CALCASIEU	CALC17-628	170356	Claim Eligibility APPROVED.
CALCASIEU	CALC18-015	181472	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
CALCASIEU	CALC19-002	191383	Claim Eligibility APPROVED. Payment of $1,798.10 APPROVED for MENTAL HEALTH to Claimant
CALCASIEU	CALC19-404	191181	Claim Eligibility APPROVED. Payment of $701.94 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-601	191405	Claim Eligibility APPROVED. Payment of $61.90 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-602	191422	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for MEDICAL to Claimant
CALCASIEU	CALC19-603	191421	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-604	191420	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for MEDICAL to Lake Charles Memorial Hospital

Parish	CVR #	Claim #	Resolution
CALDWELL	CALD19-401	191443	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
DESOTO	DESO19-001	191109	Claim Eligibility APPROVED. Payment of $4,560.00 APPROVED for WAGE to Claimant
E. FELICIANA	EFEL17-002	171875	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
E. FELICIANA	EFEL17-004	171934	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Charlet Funeral Home, Inc.
E. FELICIANA	EFEL17-008	172392	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
E. FELICIANA	EFEL19-002	191342	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
E. FELICIANA	EFEL19-300	191111	Claim Eligibility APPROVED. Payment of $575.62 APPROVED for MEDICAL to CARE Center
EBR	EBAT17-099	191397	Claim Eligibility APPROVED. Payment of $758.31 APPROVED for FUNERAL to Claimant
EBR	EBAT17-805	191333	Claim Eligibility APPROVED. Payment of $3,462.42 APPROVED for MEDICAL to Baton Rouge General Medical Center
EBR	EBAT18-026	180841	Claim Eligibility DENIED - Involved in Illegal Activity. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
EBR	EBAT18-064	181513	Claim Eligibility APPROVED. Payment of $540.00 APPROVED for MENTAL HEALTH to Lynn R. Schechter, PhD, LLC Payment of $825.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates EMERGENCY Payment of $200.00 APPROVED for MENTAL HEALTH to Claimant
EBR	EBAT18-095	190590	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
EBR	EBAT18-480	182517	Claim Eligibility APPROVED. Payment of $1,171.49 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent
EBR	EBAT18-484	191344	Claim Eligibility APPROVED. Payment of $280.29 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent
EBR	EBAT19-069	191249	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-070	191269	Claim Eligibility DENIED - . EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-071	191287	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-072	191275	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-073	191285	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
EBR	EBAT19-074	191291	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-075	191292	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
EBR	EBAT19-077	191300	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to E J Property
EBR	EBAT19-078	191331	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
EBR	EBAT19-079	191330	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-081	191347	Claim Eligibility DENIED - Involved in Illegal Activity.
EBR	EBAT19-501	191396	Claim UNABLE TO PROCESS - . Payment of $80.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-502	191430	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-503	191404	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-504	191431	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-505	191432	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-605	190586	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-607	190588	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-611	190699	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-612	191182	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-613	191183	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-614	191185	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-615	191187	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
FRANKLIN	FRAN19-322	191311	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-301	191184	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
JEFFERSON	JEFF16-015	191356	Claim Eligibility APPROVED. Payment of $3,758.21 APPROVED for MEDICAL to Jefferson Orthopedic Clinic Payment of $5,463.17 APPROVED for MEDICAL to West Jefferson Medical Center - Marrero Payment of $498.00 APPROVED for MEDICAL to Claimant Payment of $136.87 APPROVED for MEDICAL to West Jefferson Heart Clinic of Louisiana Payment of $113.83 APPROVED for MEDICAL to New Orleans Physician Svcs. Payment of $29.92 APPROVED for MEDICAL to Jefferson Radiology Associates
JEFFERSON	JEFF19-011	191257	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
JEFFERSON	JEFF19-305	190585	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-403	191272	Claim Eligibility APPROVED. Payment of $1,507.10 APPROVED for MEDICAL to University Medical Center Mgt Corp
JEFFERSON	JEFF19-405	191274	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-406	191277	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-407	191278	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-408	191279	Claim Eligibility APPROVED. Payment of $918.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
JEFFERSON	JEFF19-409	191280	Claim Eligibility APPROVED. Payment of $770.06 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF19-410	191281	Claim Eligibility APPROVED. Payment of $770.06 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-411	191282	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-412	191057	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-415	191116	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-419	191283	Claim Eligibility APPROVED. Payment of $480.86 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-426	191296	Claim Eligibility APPROVED. Payment of $532.38 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-427	191293	Claim Eligibility APPROVED. Payment of $613.75 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-428	191294	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-429	191297	Claim Eligibility APPROVED. Payment of $532.38 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-452	191125	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-453	191131	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-454	191134	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-455	191137	Claim Eligibility APPROVED. Payment of $658.70 APPROVED for FUNERAL to CARE Center
JEFFERSON	JEFF19-456	191146	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-502	191320	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-503	191323	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-504	191326	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF19-602	191395	Claim UNABLE TO PROCESS - . Payment of $80.00 APPROVED for MEDICAL to Claimant
JEFFERSON	JEFF19-605	191394	Claim UNABLE TO PROCESS - . Payment of $70.00 APPROVED for MEDICAL to Claimant
LAFAYETTE	LAFA17-013	170701	Claim Eligibility DENIED - Involved in Illegal Activity.
LAFAYETTE	LAFA17-013	170702	Claim Eligibility DENIED - Involved in Illegal Activity.
LAFAYETTE	LAFA17-601	171916	Claim Eligibility APPROVED. Payment of $319.87 APPROVED for MEDICAL to Claimant
LAFOURCHE	LAFO17-606	191304	Claim Eligibility APPROVED.
LAFOURCHE	LAFO17-608	170364	Claim Eligibility APPROVED.
LAFOURCHE	LAFO18-602	190603	Claim Eligibility APPROVED.
LAFOURCHE	LAFO19-602	191316	Claim Eligibility APPROVED. Payment of $785.75 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-352	191126	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-383	191308	Claim UNABLE TO PROCESS - . Payment of $1,000.00 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent
LIVINGSTON	LIVI19-384	191317	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-385	191324	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-501	191406	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
LIVINGSTON	LIVI19-503	191407	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
LIVINGSTON	LIVI19-506	191416	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MEDICAL to Claimant
MOREHOUSE	MORE19-401	191440	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Claimant

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MOREHOUSE	MORE19-402	191442	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
ORLEANS	ORLE16-009	160156	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE16-828	191436	Claim Eligibility APPROVED. Payment of $272.00 APPROVED for MEDICAL to George Strain DDS
ORLEANS	ORLE17-072	172010	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Professional Funeral Services
ORLEANS	ORLE17-086	172411	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to A. Hamilton Platinum Funeral Services
ORLEANS	ORLE17-098	170570	Claim Eligibility APPROVED.
ORLEANS	ORLE17-106	170648	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE17-115	171882	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE18-060	181866	Claim Eligibility APPROVED. Payment of $150.00 APPROVED for MEDICAL to Claimant Payment of $3,272.32 APPROVED for WAGE to Claimant Payment of $496.04 APPROVED for MEDICAL to Houston Methodist Hospital
ORLEANS	ORLE19-065	191253	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-077	191093	Claim Eligibility APPROVED. EMERGENCY Payment of $246.26 APPROVED for OTHER to Claimant
ORLEANS	ORLE19-086	191251	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-090	191268	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-091	191256	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Professional Funeral Services
ORLEANS	ORLE19-094	191295	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE19-097	191286	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-098	191288	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-100	191332	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-101	191306	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-102	191338	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-105	191339	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Heritage Funeral Directors, Inc.
ORLEANS	ORLE19-110	191340	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-111	191346	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-113	191380	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-114	191348	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-305	190350	Claim Eligibility APPROVED. Payment of $1,358.05 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-314	190581	Claim Eligibility APPROVED. Payment of $873.72 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-321	190605	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-322	191254	Claim Eligibility APPROVED. Payment of $667.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-327	191262	Claim Eligibility APPROVED. Payment of $325.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-328	191258	Claim Eligibility APPROVED. Payment of $1,558.15 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-329	191263	Claim Eligibility APPROVED. Payment of $2,768.80 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-330	191267	Claim Eligibility APPROVED. Payment of $1,648.58 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-331	191271	Claim Eligibility APPROVED. Payment of $852.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-347	191255	Claim Eligibility APPROVED. Payment of $1,538.59 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-350	191261	Claim Eligibility APPROVED. Payment of $1,966.82 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-361	191264	Claim Eligibility APPROVED. Payment of $1,891.96 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-362	191265	Claim Eligibility APPROVED. Payment of $1,479.78 APPROVED for MEDICAL to LCMC - SBO Payment of $3,209.08 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-384	191445	Claim Eligibility APPROVED. Payment of $2,150.46 APPROVED for MEDICAL to LCMC - SBO Payment of $468.60 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-602	191385	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-604	191434	Claim Eligibility APPROVED. Payment of $308.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-606	191424	Claim Eligibility APPROVED. Payment of $869.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-608	191391	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-609	191390	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-610	191425	Claim Eligibility APPROVED. Payment of $308.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-611	191426	Claim Eligibility APPROVED. Payment of $319.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-612	191389	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-613	191388	Claim Eligibility APPROVED. Payment of $70.00 APPROVED for MEDICAL to Claimant

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-614	191387	Claim Eligibility APPROVED. Payment of $332.45 APPROVED for MEDICAL to Claimant
ORLEANS	ORLE19-784	191298	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-785	191114	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-786	191117	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-787	191121	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-788	191124	Claim Eligibility APPROVED. Payment of $604.10 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-789	191127	Claim Eligibility APPROVED. Payment of $465.82 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-800	191132	Claim Eligibility APPROVED. Payment of $541.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-801	191141	Claim Eligibility APPROVED. Payment of $330.00 APPROVED for FUNERAL to CARE Center
ORLEANS	ORLE19-802	191142	Claim Eligibility APPROVED. Payment of $397.11 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-803	191312	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-804	191313	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-805	191321	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-806	191328	Claim Eligibility APPROVED. Payment of $541.00 APPROVED for MEDICAL to CARE Center
OUACHITA	OUAC19-401	191444	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-402	191439	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Claimant
PLAQUEMINES	PLAQ19-603	191145	Claim Eligibility APPROVED. Payment of $465.82 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
RAPIDES	RAPI16-708	160091	Claim Eligibility APPROVED. Payment of $905.00 APPROVED for MENTAL HEALTH to Center for Family & Individual Counseling
RAPIDES	RAPI19-301	190871	Claim Eligibility APPROVED. Payment of $2,355.06 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
ST. BERNARD	BERN19-001	190583	Claim Eligibility APPROVED. Payment of $873.72 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-008	191118	Claim Eligibility APPROVED. Payment of $607.00 APPROVED for MEDICAL to CARE Center
ST. BERNARD	BERN19-009	191143	Claim Eligibility APPROVED. Payment of $325.00 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR17-600	171209	Claim Eligibility APPROVED.
ST. CHARLES	CHAR17-601	171917	Claim UNABLE TO PROCESS - . Payment of $525.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW
ST. CHARLES	CHAR17-602	171865	Claim Eligibility APPROVED. Payment of $1,575.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW
ST. CHARLES	CHAR19-015	190975	Claim Eligibility APPROVED.
ST. CHARLES	CHAR19-016	191438	Claim Eligibility APPROVED.
ST. CHARLES	CHAR19-018	191129	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR19-019	191246	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
ST. JOHN THE BA	JOHN16-002	160044	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ST. JOHN THE BA	JOHN19-606	191314	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ST. MARTIN	MART18-002	182207	Claim Eligibility APPROVED. Payment of $3,447.00 APPROVED for FUNERAL to Claimant Payment of $1,553.00 APPROVED for FUNERAL to Golden Meadows Funeral Home
ST. TAMMANY	TAMM19-002	191343	Claim Eligibility APPROVED.

Parish	CVR #	Claim #	Resolution
ST. TAMMANY	TAMM19-318	191136	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-319	191315	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-320	191322	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-321	191325	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-032	191252	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
TANGIPAHOA	TANG19-305	190582	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-309	191115	Claim Eligibility APPROVED. Payment of $25.00 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-402	191402	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Claimant
TERREBONNE	TERR19-001	191128	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
TERREBONNE	TERR19-002	191133	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
VERMILLION	VERM17-602	170316	Claim Eligibility APPROVED.
VERMILLION	VERM19-401	191441	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
VERNON	VERN17-702	171203	Claim Eligibility APPROVED. Payment of $276.65 APPROVED for MEDICAL to Dr. Christina Lord MD
WASHINGTON	WASH19-012	191119	Claim Eligibility APPROVED. Payment of $935.75 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-013	191120	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-014	191318	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-015	191319	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
WASHINGTON	WASH19-016	191327	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-017	191329	Claim Eligibility APPROVED. Payment of $613.75 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-101	191352	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
WASHINGTON	WASH19-102	191354	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant

ADJOURNMENT / OTHER BUSINESS

Ms. Theriot made a motion to approve a request by the claims investigator from Jefferson Parish to have pins made for their staff reflecting the Crime Victims Reparations program. Ms. Hebert seconded the motion and the motion passed unanimously.