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
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BOARD MEETING MINUTES

Tuesday, June 11, 2019

Louisiana Commission on Law Enforcement

Member Attendees

Linda Gautier, Gary "Stitch" Guillory, Angela Henderson, Carla Shorty, Carolyn Stapleton, Audrey Thibodeaux, Amanda Tonkovich, Tameka White

Member Absentees

Rena Hebert, Lisa Kiper, Catalene Theriot

Staff Attendees

Bob Wertz, Carla Trahan, Lakisha Harris

Guest Attendees

Erich Duchmann, Tanya Savell, Jane Wood

CALL TO ORDER

Ms. Tonkovich called the Board meeting to order at 9:20 a.m.

APPROVAL OF MINUTES OF PREVIOUS MEETING

Mr. Guillory made a motion to approve the minutes of the previous meeting. Ms. White seconded the motion and the motion passed unanimously.

Parish	CVR #	Claim #	Resolution
Ascension	ASCE16-002	160358	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for to Our Lady of the Lake Regional Medical Center
Beauregard	BEAU16-018	160958	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Chaddick Funeral Home
BIENVILLE	BIEN19-300	190545	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
BIENVILLE	BIEN19-331	190646	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
BIENVILLE	BIEN19-332	190733	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
BIENVILLE	BIEN19-333	190736	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
Bossier	BOSS15-011	150027	Claim Eligibility APPROVED. Payment of $26.04 APPROVED for to Claimant Payment of $485.41 APPROVED for to Claimant Payment of $500.07 APPROVED for to University Health - Anesthesia (S'port) Payment of $600.51 APPROVED for to Claimant
Bossier	BOSS16-008	160860	Claim Eligibility APPROVED. Payment of $3,429.79 APPROVED for to Willis Knighton Medical Center
Bossier	BOSS17-005	171736	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Claimant EMERGENCY Payment of $500.00 APPROVED for Funeral to Claimant
BOSSIER	BOSS17-739	190469	Claim Eligibility APPROVED. Payment of $68.51 APPROVED for to Claimant Payment of $788.08 APPROVED for to Claimant
BOSSIER	BOSS18-311	190791	Claim Eligibility APPROVED. Payment of $1,497.60 APPROVED for to Claimant
BOSSIER	BOSS19-005	190513	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
BOSSIER	BOSS19-310	190543	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-311	190541	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-312	190540	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
BOSSIER	BOSS19-313	190539	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-314	190538	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-315	190537	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-316	190536	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-317	190535	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-318	190534	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-319	190533	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-320	190532	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-321	190531	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-357	190735	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-751	190649	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-752	190650	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-753	190653	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-754	190654	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-755	190655	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-756	190659	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
BOSSIER	BOSS19-759	190775	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to University Medical Center Mgt Corp

Parish	CVR #	Claim #	Resolution
Caddo	CADD15-057	150649	Claim Eligibility APPROVED.
Caddo	CADD15-069	150690	Claim Eligibility APPROVED. Payment of $2,144.00 APPROVED for to University Health Shreveport
Caddo	CADD15-075	150815	Claim Eligibility APPROVED. Payment of $61.25 APPROVED for to University Health Shreveport Payment of $113.75 APPROVED for to Claimant Payment of $35.00 APPROVED for to Claimant
Caddo	CADD16-004	160176	Claim Eligibility APPROVED. Payment of $1,147.85 APPROVED for to WK Pierremont Health Center Payment of $5,720.00 APPROVED for to Shreveport Bossier Family Dental Care
Caddo	CADD16-010	160285	Claim Eligibility APPROVED. Payment of $130.00 APPROVED for to Claimant Payment of $151.80 APPROVED for to LSUHSC Shreveport Faculty Group Practice Payment of $40.00 APPROVED for to Claimant
Caddo	CADD16-015	160404	Claim Eligibility APPROVED. Payment of $807.78 APPROVED for to LSUHSC Shreveport Faculty Group Practice
CADDO	CADD16-018	190854	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Claimant
Caddo	CADD16-023	160403	Claim Eligibility APPROVED. Payment of $1,611.50 APPROVED for to LSUHSC Shreveport Faculty Group Practice Payment of $4,050.41 APPROVED for to Ochsner LSU Health Shreveport
CADDO	CADD16-027	190853	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Claimant
Caddo	CADD16-034	160566	Claim Eligibility APPROVED. Payment of $3,396.75 APPROVED for Funeral to Claimant
Caddo	CADD16-035	160026	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Precious Memories Mortuary
Caddo	CADD16-036	160683	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Claimant
Caddo	CADD16-041	160718	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Heavenly Gates Funeral Home
Caddo	CADD16-049	161014	Claim Eligibility APPROVED. Payment of $495.00 APPROVED for to City of Shreveport EMS Payment of $56.00 APPROVED for to City of Shreveport EMS

Parish	CVR #	Claim #	Resolution
Caddo	CADD16-050	161013	Claim Eligibility APPROVED.
Caddo	CADD16-051	161075	Claim Eligibility APPROVED. Payment of $2,079.00 APPROVED for to Willis Knighton Medical Center Payment of $399.00 APPROVED for to LSUHSC Shreveport Faculty Group Practice Payment of $7,522.00 APPROVED for to Ochsner LSU Health Shreveport
Caddo	CADD16-056	161217	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Heavenly Gates Funeral Home
Caddo	CADD17-019	170977	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Claimant
Caddo	CADD17-023	171067	Claim Eligibility APPROVED. Payment of $519.69 APPROVED for to Claimant
Caddo	CADD17-784	171127	Claim Eligibility APPROVED. Payment of $546.96 APPROVED for to Claimant
CADDO	CADD19-018	190512	Claim Eligibility APPROVED. EMERGENCY Payment of $300.00 APPROVED for to Claimant
CADDO	CADD19-019	190762	Claim Eligibility DENIED - Not a Compensable Expense.
CADDO	CADD19-020	190757	Claim Eligibility DENIED - Not a Compensable Expense.
CADDO	CADD19-021	190763	Claim Eligibility APPROVED.
CADDO	CADD19-023	190555	Claim Eligibility DENIED - Lack of Cooperation.
CADDO	CADD19-024	190780	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
CADDO	CADD19-307	190530	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-308	190544	Claim Eligibility APPROVED. Payment of $339.90 APPROVED for to Ochsner LSU Health Shreveport Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-309	190546	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-310	190547	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
CADDO	CADD19-311	190549	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-312	190550	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-313	190551	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-314	190552	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-315	190554	Claim Eligibility APPROVED. Payment of $339.90 APPROVED for to Ochsner LSU Health Shreveport Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-316	190556	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-401	190660	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-402	190662	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-403	190663	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-404	190664	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-405	190666	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-406	190668	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-407	190669	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-408	190734	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-411	190776	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners
CADDO	CADD19-412	190777	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
Calcasieu	CALC15-093	150752	Claim Eligibility APPROVED. Payment of $120.00 APPROVED for to Claimant Payment of $219.30 APPROVED for to Claimant Payment of $40.00 APPROVED for to Claimant Payment of $410.85 APPROVED for to Orthopaedic Spec. (Oak Park)
Calcasieu	CALC15-111	150881	Claim Eligibility APPROVED. Payment of $3,343.00 APPROVED for to Claimant
Calcasieu	CALC16-080	161019	Claim Eligibility APPROVED.
Calcasieu	CALC16-081	161035	Claim Eligibility APPROVED.
Calcasieu	CALC16-084	161031	Claim Eligibility APPROVED.
Calcasieu	CALC16-093	160666	Claim UNABLE TO PROCESS - .
Calcasieu	CALC16-094	161257	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to King's Funeral Home -- Lake Charles
CALCASIEU	CALC16-755	190595	Claim Eligibility APPROVED.
Calcasieu	CALC17-001	170287	Claim Eligibility DENIED - Felony Conviction. Payment of $1,706.96 DENIED for to Lake Charles Memorial Hospital
Calcasieu	CALC17-004	170384	Claim Eligibility APPROVED. Payment of $145.75 APPROVED for to Acadian Ambulance Payment of $300.00 APPROVED for to Acadian Ambulance Payment of $9,554.25 APPROVED for to Christus St. Patrick Hospital
Calcasieu	CALC17-065	171747	Claim Eligibility APPROVED. Payment of $4,779.57 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC17-071	172335	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for to Acadian Ambulance Payment of $4,498.00 APPROVED for Funeral to Claimant
Calcasieu	CALC17-609	171518	Claim Eligibility APPROVED. Payment of $1,725.00 APPROVED for to Family Plus Counseling
CALCASIEU	CALC18-611	190621	Claim Eligibility APPROVED. Payment of $1,098.57 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC18-617	181702	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for to Lake Charles Memorial Hospital

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Calcasieu	CALC18-618	181701	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC18-619	181500	Claim Eligibility APPROVED. Payment of $1,062.27 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC18-623	181505	Claim Eligibility APPROVED. Payment of $446.97 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC18-634	181734	Claim Eligibility APPROVED. Payment of $1,180.28 APPROVED for to Lake Charles Memorial Hospital
Calcasieu	CALC18-655	182153	Claim Eligibility APPROVED. Payment of $1,648.81 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC18-667	190488	Claim Eligibility APPROVED. Payment of $1,268.26 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC19-010	190617	Claim Eligibility APPROVED. Payment of $1,237.14 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC19-315	190594	Claim Eligibility APPROVED. Payment of $1,237.14 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC19-316	190614	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC19-317	190620	Claim Eligibility APPROVED. Payment of $833.69 APPROVED for to Lake Charles Memorial Hospital
CALCASIEU	CALC19-327	190797	Claim UNABLE TO PROCESS - . Payment of $431.97 DENIED for to Lake Charles Memorial Hospital
Claiborne	CLAI15-003	150010	Claim Eligibility APPROVED. Payment of $1,195.90 APPROVED for to Claiborne Family Medical Clinic Payment of $300.00 APPROVED for to Pafford Emergency Medical Srvcs. - Hope, AR Payment of $63.71 APPROVED for to Claimant Payment of $8,140.39 APPROVED for to University Health - Shreveport
CLAIBORNE	CLAI19-301	190557	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
CLAIBORNE	CLAI19-302	190737	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
Concordia	CONC16-005	160119	Claim Eligibility APPROVED. Payment of $4,995.00 APPROVED for Funeral to Young's Funeral Home
Concordia	CONC16-006	160189	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Young's Funeral Home

Parish	CVR #	Claim #	Resolution
E. FELICIANA	EFEL19-001	190462	Claim Eligibility DENIED - Non-Compensable Vehicle Accdt.
East Baton Rouge	EBAT16-022	160297	Claim Eligibility APPROVED. Payment of $5,205.06 APPROVED for to Our Lady of the Lake Regional Medical Center
East Baton Rouge	EBAT16-026	160371	Claim Eligibility APPROVED. Payment of $9,500.00 APPROVED for to Our Lady of the Lake Regional Medical Center
East Baton Rouge	EBAT16-027	160366	Claim Eligibility APPROVED. Payment of $1,450.00 APPROVED for to Resolutions Counseling Services
East Baton Rouge	EBAT16-038	160536	Claim Eligibility APPROVED. Payment of $1,709.00 APPROVED for Funeral to Claimant Payment of $2,791.00 APPROVED for Funeral to MJR Friendly Service Funeral Home, Inc. Payment of $500.00 APPROVED for to St. Augustine Catholic Church
East Baton Rouge	EBAT16-042	160550	Claim Eligibility APPROVED. Payment of $9,139.51 APPROVED for to Our Lady of the Lake Regional Medical Center
East Baton Rouge	EBAT16-057	160716	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services
East Baton Rouge	EBAT16-060	160863	Claim Eligibility APPROVED. Payment of $1,769.90 APPROVED for Funeral to Charlet Funeral Home, Inc.
East Baton Rouge	EBAT16-063	160833	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services
East Baton Rouge	EBAT16-071	161003	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for to Our Lady of the Rosary Cemetery
East Baton Rouge	EBAT16-077	161039	Claim Eligibility APPROVED. Payment of $754.00 APPROVED for Funeral to Wilson-Wooddale Funeral Home & Cremation Services
East Baton Rouge	EBAT16-088	161094	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to MJR Friendly Service Funeral Home, Inc.
East Baton Rouge	EBAT16-090	161167	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services
East Baton Rouge	EBAT16-103	161270	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Wilson-Wooddale Funeral Home & Cremation Services
East Baton Rouge	EBAT16-110	160067	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for to Our Lady of the Lake Regional Medical Center
East Baton Rouge	EBAT17-015	170698	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Cook-Richmond Funeral Home, Inc.

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East Baton Rouge	EBAT17-052	171018	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for to Our Lady of the Lake Regional Medical Center
East Baton Rouge	EBAT17-074	171114	Claim Eligibility APPROVED. Payment of $1,200.00 APPROVED for Funeral to Wright & Calvey Funeral Home
East Baton Rouge	EBAT18-010	180118	Claim Eligibility APPROVED.
East Baton Rouge	EBAT18-030	180566	Claim Eligibility APPROVED. Payment of $1,340.00 APPROVED for Funeral to Claimant
East Baton Rouge	EBAT18-034	180605	Claim Eligibility APPROVED. Payment of $225.00 APPROVED for to Dayne Narretta, LCSW, BCD, CGP
East Baton Rouge	EBAT18-103	190001	Claim Eligibility APPROVED.
East Baton Rouge	EBAT18-411	182029	Claim Eligibility APPROVED. Payment of $969.02 APPROVED for to Ochsner Health System
East Baton Rouge	EBAT19-002	190188	Claim Eligibility APPROVED. Payment of $9,500.00 APPROVED for to Claimant
East Feliciana	EFEL17-009	172391	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Claimant
EBR	EBAT16-017	190837	Claim Eligibility APPROVED. Payment of $2,203.23 APPROVED for Funeral to A. Hamilton Platinum Funeral Services Payment of $2,296.77 APPROVED for Funeral to Claimant
EBR	EBAT18-673	190689	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
EBR	EBAT19-006	190199	Claim Eligibility APPROVED. Payment of $167.50 APPROVED for to Brandon P. Romano & Associates Payment of $225.00 APPROVED for to Brandon P. Romano & Associates
EBR	EBAT19-011	190344	Claim Eligibility APPROVED.
EBR	EBAT19-013	190748	Claim Eligibility APPROVED.
EBR	EBAT19-014	190415	Claim Eligibility APPROVED.
EBR	EBAT19-015	190407	Claim Eligibility APPROVED.

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EBR	EBAT19-024	190466	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
EBR	EBAT19-026	190508	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Richardson Funeral Home of Clinton
EBR	EBAT19-027	190509	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
EBR	EBAT19-029	190517	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services
EBR	EBAT19-030	190519	Claim Eligibility APPROVED. EMERGENCY Payment of $300.00 APPROVED for to Carlo Cuneo, LCSW
EBR	EBAT19-031	190518	Claim Eligibility APPROVED. EMERGENCY Payment of $300.00 APPROVED for to Brandon P. Romano & Associates
EBR	EBAT19-032	190528	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services
EBR	EBAT19-034	190524	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Maison Roulez of Port Allen, LLC
EBR	EBAT19-035	190553	Claim Eligibility APPROVED. EMERGENCY Payment of $283.22 APPROVED for to Claimant
EBR	EBAT19-037	190558	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Beckwith Golden Gate Funeral Home
EBR	EBAT19-038	190624	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Hall Davis & Sons Funeral Service, LLC
EBR	EBAT19-350	190601	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-351	190607	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-352	190609	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-353	190615	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-354	190622	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for to East Baton Rouge Parish Coroner's Office

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EBR	EBAT19-361	190845	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-362	190844	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-363	190843	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-364	190842	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to Our Lady of the Lake RegMedCent
EBR	EBAT19-365	190841	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for to University Medical Center
EBR	EBAT19-366	190839	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-600	190525	Claim Eligibility APPROVED. EMERGENCY Payment of $217.60 APPROVED for to Claimant
EBR	EBAT19-601	190526	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant Payment of $240.00 APPROVED for to Claimant
EBR	EBAT19-602	190527	Claim Eligibility APPROVED. EMERGENCY Payment of $147.80 APPROVED for to Claimant Payment of $60.00 APPROVED for to Claimant
EBR	EBAT19-603	190561	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-604	190560	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-608	190589	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for to East Baton Rouge Parish Coroner's Office
Iberia	IBER16-004	160329	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Pellerin Funeral Home (New Iberia)
Iberia	IBER16-016	160645	Claim Eligibility APPROVED.
IBERVILLE	IBEV19-002	190573	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Pugh's Mortuary LLC
JEFFERSON	JEFF18-761	190626	Claim UNABLE TO PROCESS - . Payment of $598.30 DENIED for to CARE Center

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF18-763	190625	Claim UNABLE TO PROCESS - . Payment of $797.06 DENIED for to CARE Center
JEFFERSON	JEFF19-005	190464	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Affordable Funeral Homes
JEFFERSON	JEFF19-006	190459	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Claimant
JEFFERSON	JEFF19-007	190591	Claim Eligibility APPROVED.
JEFFERSON	JEFF19-009	190812	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Majestic Mortuary Service, Inc. Payment of $2,139.00 APPROVED for Funeral to Majestic Mortuary Service, Inc.
JEFFERSON DAVI	JEFD17-007	190616	Claim UNABLE TO PROCESS - .
JEFFERSON DAVI	JEFD17-008	190599	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to Lake Charles Memorial Hospital
JEFFERSON DAVI	JEFD19-003	190772	Claim Eligibility APPROVED.
JEFFERSON DAVI	JEFD19-004	190572	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant Payment of $9,500.00 APPROVED for to Claimant
Lafayette	LAFA16-013	161157	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for to Acadian Ambulance Payment of $167.25 APPROVED for to Acadian Ambulance Payment of $548.12 APPROVED for to Parish Anes of Lafayette Payment of $907.15 APPROVED for to Coolidge Emergency Group LLC Payment of $7,481.60 APPROVED for to Lafayette General Medical Center Payment of $595.88 APPROVED for to Surgical Hospital Management System
LAFAYETTE	LAFA18-026	190467	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to IMALW, LLC
LAFAYETTE	LAFA19-005	190521	Claim Eligibility APPROVED. EMERGENCY Payment of $248.66 APPROVED for to Claimant
Lafourche	LAFO17-010	172648	Claim Eligibility APPROVED. Payment of $2,000.00 APPROVED for to Claimant Payment of $2,218.50 APPROVED for to Claimant Payment of $436.76 APPROVED for to Claimant Payment of $743.90 APPROVED for to Physicians Surgical Specialty Hospital

Parish	CVR #	Claim #	Resolution
Lafourche	LAFO17-605	171708	Claim Eligibility APPROVED. Payment of $4,502.00 APPROVED for to Joshua Hafford, DDS
Lafourche	LAFO18-011	182139	Claim Eligibility APPROVED.
LINCOLN	LINC19-302	190565	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
LINCOLN	LINC19-303	190559	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
LINCOLN	LINC19-401	190671	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
Livingston	LIVI15-007	150183	Claim Eligibility APPROVED. Payment of $1,709.40 APPROVED for to Our Lady of the Lake Regional Medical Center Payment of $101.75 APPROVED for to Williamson Eye Center Payment of $132.55 APPROVED for to Our Lady of the Lake Regional Medical Center Payment of $55.00 APPROVED for to LSUHN Billing LLC Payment of $86.16 APPROVED for to Our Lady of the Lake Regional Medical Center
LIVINGSTON	LIVI19-008	190490	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Church Funeral Services LLC (walker)
LIVINGSTON	LIVI19-310	190611	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for to CARE Center
LIVINGSTON	LIVI19-325	190846	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to North Oaks Health System
LIVINGSTON	LIVI19-326	190847	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for to CARE Center
NATCHITOCHES	NATC19-002	190750	Claim Eligibility APPROVED. Payment of $1,564.75 APPROVED for to Central LA Surgical Hospital Payment of $79.28 APPROVED for to Claimant Payment of $75.36 APPROVED for to Claimant Payment of $3,903.87 APPROVED for to Claimant Payment of $167.75 APPROVED for to Red River Anesthesia of Alexandria
NATCHITOCHES	NATC19-302	190567	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
NATCHITOCHES	NATC19-303	190568	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
NATCHITOCHES	NATC19-401	190673	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
NATCHITOCHES	NATC19-402	190674	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
ORLEANS	ORLE11-163	190852	Claim Eligibility APPROVED. Payment of $7,741.12 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
Orleans	ORLE16-020	160270	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Charbonnet-Labat-Glapion Funeral Homes, Inc.
Orleans	ORLE16-023	160321	Claim Eligibility APPROVED. Payment of $3,439.00 APPROVED for Funeral to Professional Funeral Services Inc.
Orleans	ORLE16-034	160565	Claim Eligibility APPROVED. Payment of $1,927.00 APPROVED for Funeral to Professional Funeral Services Inc.
Orleans	ORLE16-054	160192	Claim Eligibility APPROVED. Payment of $3,547.00 APPROVED for Funeral to Claimant
Orleans	ORLE16-058	160964	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Charbonnet-Labat-Glapion Funeral Homes, Inc.
Orleans	ORLE16-070	161220	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Charbonnet-Labat-Glapion Funeral Homes, Inc.
Orleans	ORLE16-099	160324	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Claimant
Orleans	ORLE16-101	160612	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for Funeral to Robinson Family Funeral Home
Orleans	ORLE16-105	160103	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Little John's Funeral Home
Orleans	ORLE18-022	180938	Claim Eligibility APPROVED. Payment of $4,295.44 APPROVED for to Claimant
ORLEANS	ORLE18-601	190718	Claim Eligibility APPROVED. Payment of $591.36 APPROVED for to University Medical Center Mgt Corp
ORLEANS	ORLE18-602	190719	Claim Eligibility APPROVED. Payment of $3,021.94 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-603	190723	Claim Eligibility APPROVED. Payment of $213.76 APPROVED for to University Medical Center Mgt Corp

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-604	190725	Claim UNABLE TO PROCESS - . Payment of $843.05 DENIED for to CARE Center
ORLEANS	ORLE18-605	190726	Claim UNABLE TO PROCESS - . Payment of $843.05 DENIED for to CARE Center
ORLEANS	ORLE18-606	190727	Claim Eligibility APPROVED. Payment of $1,186.59 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-607	190728	Claim Eligibility APPROVED. Payment of $1,472.86 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-608	190729	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $980.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-609	190731	Claim Eligibility APPROVED. Payment of $1,732.05 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-610	190732	Claim Eligibility APPROVED. Payment of $115.50 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $1,700.15 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-611	190738	Claim Eligibility APPROVED. Payment of $36.19 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-612	190741	Claim Eligibility APPROVED. Payment of $2,480.72 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-613	190742	Claim Eligibility DENIED - No Pecuniary Loss. Payment of $1,666.60 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-614	190743	Claim Eligibility APPROVED. Payment of $2,004.30 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-615	190744	Claim Eligibility APPROVED. Payment of $2,089.69 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-616	190717	Claim Eligibility APPROVED. Payment of $1,776.88 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-617	190746	Claim Eligibility APPROVED. Payment of $2,323.85 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-618	190702	Claim Eligibility APPROVED. Payment of $2,192.68 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-619	190703	Claim Eligibility APPROVED. Payment of $1,792.31 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-620	190705	Claim Eligibility APPROVED. Payment of $1,572.28 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-621	190706	Claim Eligibility APPROVED. Payment of $1,964.43 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-650	190629	Claim Eligibility APPROVED. Payment of $1,455.68 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-651	190630	Claim Eligibility APPROVED. Payment of $1,451.83 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-653	190632	Claim Eligibility APPROVED. Payment of $1,980.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-659	190634	Claim Eligibility APPROVED. Payment of $1,606.65 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-660	190635	Claim Eligibility APPROVED. Payment of $2,234.48 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-662	190636	Claim Eligibility APPROVED. Payment of $1,712.53 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-664	190638	Claim Eligibility APPROVED. Payment of $3,065.15 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-667	190639	Claim Eligibility DENIED - No Pecuniary Loss. Payment of $954.35 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-668	190640	Claim Eligibility APPROVED. Payment of $1,509.44 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-670	190641	Claim Eligibility APPROVED. Payment of $400.28 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-671	190643	Claim Eligibility APPROVED. Payment of $1,819.71 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-672	190644	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-674	190688	Claim Eligibility APPROVED. Payment of $2,233.96 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-675	190686	Claim Eligibility APPROVED. Payment of $757.62 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-676	190685	Claim Eligibility APPROVED. Payment of $213.76 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-677	190683	Claim UNABLE TO PROCESS - . Payment of $598.30 DENIED for to CARE Center
ORLEANS	ORLE18-678	190684	Claim UNABLE TO PROCESS - . Payment of $613.75 DENIED for to CARE Center
ORLEANS	ORLE18-679	190690	Claim Eligibility APPROVED. Payment of $1,460.49 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-681	190692	Claim Eligibility APPROVED. Payment of $1,119.11 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $1,974.88 APPROVED for to University Medical Center Mgt Corp Payment of $115.50 APPROVED for to University Medical Center Mgt Corp
ORLEANS	ORLE18-683	190696	Claim Eligibility APPROVED. Payment of $115.50 APPROVED for to University Medical Center Mgt Corp Payment of $2,112.79 APPROVED for to University Medical Center Mgt Corp
ORLEANS	ORLE18-684	190698	Claim Eligibility APPROVED. Payment of $2,224.99 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-685	190712	Claim Eligibility APPROVED. Payment of $1,057.65 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $1,597.66 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $3,471.33 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-686	190700	Claim Eligibility APPROVED. Payment of $1,505.04 APPROVED for to University Medical Center Mgt Corp
ORLEANS	ORLE18-687	190701	Claim Eligibility APPROVED. Payment of $2,837.28 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $2,005.54 APPROVED for to University Medical Center Mgt Corp

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-688	190745	Claim Eligibility APPROVED. Payment of $3,791.94 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
Orleans	ORLE18-825	181978	Claim Eligibility APPROVED. Payment of $1,673.33 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay Payment of $115.50 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
Orleans	ORLE19-011	190185	Claim Eligibility DENIED - Contribution. Payment of $9,500.00 DENIED for to Claimant
Orleans	ORLE19-012	190216	Claim Eligibility APPROVED. Payment of $1,929.90 APPROVED for to Claimant
ORLEANS	ORLE19-035	190489	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
ORLEANS	ORLE19-036	190471	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Dennis Funeral Home
ORLEANS	ORLE19-037	190510	Claim Eligibility APPROVED. EMERGENCY Payment of $370.64 APPROVED for to Claimant
ORLEANS	ORLE19-038	190511	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Littlejohn's Funeral Home
ORLEANS	ORLE19-039	190515	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Littlejohn's Funeral Home
ORLEANS	ORLE19-040	190548	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
ORLEANS	ORLE19-043	190645	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Boyd-Brooks Funeral Service
ORLEANS	ORLE19-045	190730	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Jason Morrow
ORLEANS	ORLE19-046	190658	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ORLEANS	ORLE19-049	190833	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for to Claimant
ORLEANS	ORLE19-302	190285	Claim Eligibility APPROVED. Payment of $1,771.65 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-303	190286	Claim Eligibility APPROVED. Payment of $1,656.15 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-307	190849	Claim Eligibility APPROVED. Payment of $4,583.53 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-320	190597	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to Tulane University Hospital & Clinic
ORLEANS	ORLE19-332	190831	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-333	190832	Claim Eligibility APPROVED. Payment of $928.15 APPROVED for to ACC SANE Inc
ORLEANS	ORLE19-334	190835	Claim Eligibility APPROVED. Payment of $2,120.49 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-335	190838	Claim Eligibility APPROVED. Payment of $1,576.13 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-691	190802	Claim Eligibility APPROVED. Payment of $1,443.03 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-692	190803	Claim UNABLE TO PROCESS - . Payment of $3,200.00 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-693	190804	Claim Eligibility APPROVED. Payment of $1,981.34 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-694	190805	Claim UNABLE TO PROCESS - . Payment of $1,452.10 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-695	190806	Claim Eligibility APPROVED. Payment of $1,486.34 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-696	190850	Claim Eligibility APPROVED. Payment of $7,889.30 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-697	190807	Claim Eligibility APPROVED. Payment of $2,569.16 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-698	190808	Claim Eligibility APPROVED. Payment of $3,576.34 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-699	190809	Claim Eligibility APPROVED. Payment of $2,502.60 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-700	190810	Claim Eligibility APPROVED. Payment of $1,400.26 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-701	190811	Claim UNABLE TO PROCESS - . Payment of $1,000.00 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-702	190813	Claim Eligibility APPROVED. Payment of $1,948.61 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-703	190817	Claim Eligibility APPROVED. Payment of $3,903.04 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-704	190819	Claim Eligibility APPROVED. Payment of $2,476.89 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-705	190820	Claim Eligibility APPROVED. Payment of $25.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-706	190821	Claim Eligibility APPROVED. Payment of $1,510.95 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-707	190822	Claim Eligibility APPROVED. Payment of $1,822.25 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-708	190801	Claim Eligibility APPROVED. Payment of $2,214.26 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-710	190824	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to CARE Center
ORLEANS	ORLE19-711	190825	Claim Eligibility APPROVED. Payment of $1,265.79 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-712	190826	Claim Eligibility APPROVED. Payment of $1,459.80 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-713	190827	Claim Eligibility APPROVED. Payment of $2,720.95 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-714	190828	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to CARE Center
ORLEANS	ORLE19-715	190829	Claim Eligibility APPROVED. Payment of $2,243.14 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-716	190830	Claim Eligibility APPROVED. Payment of $1,815.93 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-718	190756	Claim UNABLE TO PROCESS - . Payment of $1,000.00 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-719	190755	Claim Eligibility APPROVED. Payment of $1,511.36 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-720	190752	Claim Eligibility APPROVED. Payment of $2,239.98 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-721	190800	Claim Eligibility APPROVED. Payment of $24.64 APPROVED for to CARE Center
ORLEANS	ORLE19-722	190798	Claim Eligibility APPROVED. Payment of $1,326.56 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-723	190796	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for to CARE Center
ORLEANS	ORLE19-724	190787	Claim UNABLE TO PROCESS - . Payment of $1,301.95 DENIED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-725	190785	Claim Eligibility APPROVED. Payment of $1,608.99 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-726	190786	Claim Eligibility APPROVED. Payment of $1,115.91 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-728	190792	Claim Eligibility APPROVED. Payment of $1,580.94 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-729	190793	Claim Eligibility APPROVED. Payment of $1,942.02 APPROVED for to Our Lady of the Lake Regional Medical Center
ORLEANS	ORLE19-731	190795	Claim Eligibility APPROVED. Payment of $1,026.95 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-732	190761	Claim Eligibility APPROVED. Payment of $1,982.03 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-733	190770	Claim Eligibility APPROVED. Payment of $1,520.30 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-734	190773	Claim Eligibility APPROVED. Payment of $2,403.88 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-735	190774	Claim Eligibility APPROVED. Payment of $1,399.44 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-736	190778	Claim Eligibility APPROVED. Payment of $2,101.24 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-737	190779	Claim Eligibility APPROVED. Payment of $2,621.26 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-738	190781	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-739	190783	Claim Eligibility APPROVED. Payment of $1,883.71 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-740	190784	Claim Eligibility APPROVED. Payment of $1,503.66 APPROVED for to UMCMC-New Orleans ATTN: Hospital Commercial Pay
Ouachita	OUAC15-005	150353	Claim Eligibility APPROVED. Payment of $32.89 APPROVED for to LSU Health - Shreveport Payment of $300.00 APPROVED for to Metro Ambulance Service, Inc. Payment of $250.00 APPROVED for to Pafford Emergency Medical Srvcs. - Hope, AR Payment of $122.89 APPROVED for to Metro Ambulance Service, Inc.
Plaquemines	PLAQ16-016	161254	Claim Eligibility APPROVED. Payment of $1,920.23 APPROVED for Funeral to Mothe Funeral Homes, Inc. (N.O.)
Plaquemines	PLAQ16-018	161101	Claim Eligibility APPROVED. Payment of $74.99 APPROVED for to Claimant Payment of $120.83 APPROVED for to Claimant
PLAQUEMINES	PLAQ19-601	190608	Claim Eligibility APPROVED. Payment of $547.30 APPROVED for to CARE Center
RAPIDES	RAPI16-710	190610	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to Christus St. Frances Cabrini Hospital
RAPIDES	RAPI19-021	190740	Claim Eligibility APPROVED. Payment of $853.48 APPROVED for to Christus St. Frances Cabrini Hospital
RED RIVER	REDR19-300	190569	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
RED RIVER	REDR19-301	190566	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
St. Charles	CHAR16-045	161264	Claim Eligibility APPROVED.
St. Charles	CHAR16-046	161263	Claim Eligibility APPROVED.
St. Charles	CHAR16-048	161206	Claim Eligibility APPROVED.
St. Charles	CHAR16-049	161105	Claim Eligibility APPROVED.
St. Charles	CHAR17-021	171742	Claim Eligibility APPROVED. Payment of $150.00 APPROVED for to YNG Counseling/Consulting
ST. CHARLES	CHAR17-027	190580	Claim Eligibility APPROVED.
St. Charles	CHAR17-029	172408	Claim Eligibility APPROVED. Payment of $225.00 APPROVED for to YNG Counseling/Consulting
St. Charles	CHAR18-005	180604	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for to YNG Counseling/Consulting
St. Charles	CHAR18-006	180603	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for to YNG Counseling/Consulting
St. Charles	CHAR18-016	181797	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for to YNG Counseling/Consulting
St. Charles	CHAR18-017	181729	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for to YNG Counseling/Consulting
ST. CHARLES	CHAR18-025	190383	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for to YNG Counseling/Consulting
ST. CHARLES	CHAR18-028	190815	Claim Eligibility APPROVED.
ST. CHARLES	CHAR18-600	190602	Claim Eligibility APPROVED. Payment of $255.00 APPROVED for to Douglas S. Pool M.D. Payment of $1,134.00 APPROVED for to Claimant Payment of $1,100.00 APPROVED for to Claimant
ST. CHARLES	CHAR19-011	190754	Claim Eligibility APPROVED.

Parish	CVR #	Claim #	Resolution
St. Martin	MART15-002	150044	Claim Eligibility APPROVED. Payment of $104.48 APPROVED for to Claimant Payment of $178.50 APPROVED for to Acadian Ambulance Payment of $300.00 APPROVED for to Acadian Ambulance Payment of $60.50 APPROVED for to Radiology Associates of Acadiana Payment of $75.62 APPROVED for to Iberia Comprehensive Community Health Center
St. Martin	MART16-001	160396	Claim Eligibility APPROVED. Payment of $2,389.00 APPROVED for Funeral to Claimant Payment of $2,611.00 APPROVED for Funeral to Claimant
St. Martin	MART16-005	160034	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for Funeral to Pellerin Funeral Homes, Inc.
St. Tammany	TAMM18-383	181944	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for to Slidell Memorial Hospital
ST. TAMMANY	TAMM19-303	190562	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for to CARE Center
ST. TAMMANY	TAMM19-311	190623	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for to CARE Center
Tangipahoa	TANG17-002	170582	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Claimant Payment of $4,500.00 APPROVED for Funeral to N.A. James Funeral Home
TANGIPAHOA	TANG19-021	190739	Claim Eligibility APPROVED. Payment of $4,117.02 APPROVED for to North Oaks Health System
Vermilion	VERM17-002	170703	Claim Eligibility APPROVED. Payment of $425.00 APPROVED for Funeral to B&B Burial Vaults EMERGENCY Payment of $500.00 APPROVED for Funeral to Claimant Payment of $4,075.00 APPROVED for Funeral to Fletcher Funeral Home (ABBY)
Washington	WASH17-001	170877	Claim Eligibility APPROVED. Payment of $6,318.00 APPROVED for to St. Tammany Parish Hospital Payment of $1,326.00 APPROVED for to Covington Orthopaedic Clinic Payment of $1,156.00 APPROVED for to Riverside Medical Center Payment of $1,200.00 APPROVED for to Claimant
WASHINGTON	WASH19-002	190522	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for to Claimant
WEBSTER	WEBS19-301	190570	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners

CRIME VICTIMS REPARATIONS BOARD

Board Minutes

Board Date: 06/11/2019

Parish	CVR #	Claim #	Resolution
WEBSTER	WEBS19-302	190571	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
WEBSTER	WEBS19-401	190676	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
WEBSTER	WEBS19-402	190678	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to Forensic Nurse Examiners
WEST BATON RO	WBAT19-001	190542	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to A. Hamilton Platinum Funeral Services Payment of $4,500.00 APPROVED for Funeral to Colonial Funeral Home & Chapel, Inc.
WEST BATON RO	WBAT19-005	190627	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Funeral to Church Funeral Services LLC (walker)
WEST BATON RO	WBAT19-403	190848	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for to East Baton Rouge Parish Coroner's Office

ADJOURNMENT / OTHER BUSINESS

The Board members ageed tp schedule the next Board meeting on Tuesday, August 6, 2019.

Mr. Wertz discussed the change set by the legislative to discontinue using a victim's criminal history as a denial