BOARD MEETING MINUTES

Tuesday, October 8, 2019

Louisiana Commission on Law Enforcement

Member Attendees

Linda Gautier, Gary "Stitch" Guillory, Rena Hebert, Lisa Kiper, Carla Shorty, Audrey Thibodeaux, Amanda Tonkovich

Member Absentees

Angela Henderson, Carolyn Stapleton, Catalene Theriot, Tameka White

Staff Attendees

Robert Wertz, Carla Trahan, Lakisha Harris

Guest Attendees

Andy Mahoney RN, Jane Wood, Rikee Ruffin, Erich Duchmann, Stephanie Minto-Gibson

CALL TO ORDER

Ms. Tonkovich called the Crime Victims Reparations meeting for the date of October 8, 2019 to order at 9:33 a.m.

APPROVAL OF MINUTES OF PREVIOUS MEETING

Ms. Thibodeaux made a motion to approve the minutes of the previous meeting. Ms. Shorty seconded the meeting and the motion passed unanimously. Ms. Shorty made a motion to approve the emergency awards issued since the previous meeting and to waive repayment of those awards. Ms. Hebert seconded the motion

Parish	CVR #	Claim #	Resolution
ACADIA	ACAD19-323	191487	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ACADIA	ACAD19-323	191635	Claim Eligibility APPROVED. Payment of $752.65 APPROVED for MEDICAL to Our Lady of Lourdes Regional Medical Center
ALLEN	ALLE19-323	191554	Claim Eligibility APPROVED. Payment of $445.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
ASCENSION	ASCE16-003	160847	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ASCENSION	ASCE19-404	191539	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-405	191555	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-406	191556	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-407	191557	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-408	191558	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-409	191654	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-410	191655	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-411	191656	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-412	191720	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-414	191722	Claim Eligibility APPROVED. Payment of $317.75 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-415	191723	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-416	191724	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ASSUMPTION	ASSU19-302	190859	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office

Parish	CVR #	Claim #	Resolution
BEAUREGARD	BEAU19-351	191666	Claim Eligibility APPROVED. Payment of $445.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
Bossier	BOSS17-008	171978	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home
Bossier	BOSS18-319	181097	Claim Eligibility APPROVED. Payment of $330.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
BOSSIER	BOSS18-341	182510	Claim Eligibility APPROVED. Payment of $1,172.05 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
BOSSIER	BOSS19-008	191307	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
BOSSIER	BOSS19-009	191537	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
BOSSIER	BOSS19-786	191594	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-787	191595	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-019	190762	Claim Eligibility APPROVED.
CADDO	CADD19-020	190757	Claim Eligibility APPROVED.
CADDO	CADD19-024	190780	Claim Eligibility APPROVED. Payment of $9,500.00 APPROVED for WAGE to Claimant
CADDO	CADD19-815	191458	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners of Louisiana, Inc.
CADDO	CADD19-816	191460	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners of Louisiana, Inc.
CADDO	CADD19-817	191461	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-818	191462	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-819	191463	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-820	191464	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners

Parish	CVR #	Claim #	Resolution
CADDO	CADD19-821	191465	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-822	191466	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-823	191562	Claim Eligibility APPROVED. Payment of $397.00 APPROVED for MEDICAL to Willis Knighton South
CALCASIEU	CALC16-692	160815	Claim Eligibility APPROVED. Payment of $298.87 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC17-057	171490	Claim Eligibility APPROVED. Payment of $400.40 APPROVED for MEDICAL to Acadian Ambulance Payment of $326.15 APPROVED for MEDICAL to Heart & Vascular Center Payment of $300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of $1,102.75 APPROVED for MEDICAL to The Eye Clinic (Lake Charles)
CALCASIEU	CALC17-060	171884	Claim Eligibility APPROVED. Payment of $2,778.86 APPROVED for FUNERAL to Lumberton Family Funeral Home
CALCASIEU	CALC18-402	191538	Claim Eligibility APPROVED.
CALCASIEU	CALC18-403	191001	Claim Eligibility APPROVED. Payment of $1,680.31 APPROVED for MEDICAL to Lake Charles Memorial Hospital Payment of $127.60 APPROVED for MEDICAL to Acadian Ambulance Payment of $300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance
CALCASIEU	CALC18-606	191450	Claim Eligibility APPROVED.
CALCASIEU	CALC18-672	191682	Claim Eligibility APPROVED.
CALCASIEU	CALC19-452	191667	Claim Eligibility APPROVED. Payment of $445.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-453	191668	Claim Eligibility APPROVED. Payment of $899.13 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-455	191670	Claim Eligibility APPROVED. Payment of $445.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-456	191671	Claim Eligibility APPROVED. Payment of $431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-457	191672	Claim Eligibility APPROVED. Payment of $431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital

Parish	CVR #	Claim #	Resolution
CALCASIEU	CALC19-461	191673	Claim Eligibility APPROVED. Payment of $912.16 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-463	191674	Claim Eligibility APPROVED. Payment of $937.16 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-464	191675	Claim Eligibility APPROVED. Payment of $431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CAMERON	CAME19-301	191560	Claim Eligibility APPROVED. Payment of $963.13 APPROVED for MEDICAL to Lake Charles Memorial Hospital
E. FELICIANA	EFEL17-007	172490	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Richardson Funeral Home of Clinton
EBR	EBAT16-092	161136	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
EBR	EBAT16-094	161158	Claim Eligibility APPROVED. Payment of $3,876.00 APPROVED for FUNERAL to Claimant
EBR	EBAT16-107	160014	Claim Eligibility APPROVED. Payment of $1,244.03 APPROVED for FUNERAL to A. Hamilton Platinum Funeral Services Payment of $3,255.97 APPROVED for FUNERAL to Claimant
EBR	EBAT17-010	170279	Claim Eligibility APPROVED. Payment of $4,253.00 APPROVED for FUNERAL to Miller & Daughter Mortuary
EBR	EBAT18-034	180605	Claim Eligibility APPROVED. Payment of $1,275.00 APPROVED for MEDICAL to Dayne Narretta, LCSW, BCD, CGP
EBR	EBAT19-030	190519	Claim Eligibility APPROVED. Payment of $2,528.00 APPROVED for MEDICAL to Claimant Payment of $212.50 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates Payment of $340.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates Payment of $9.11 APPROVED for MEDICAL to Claimant
EBR	EBAT19-076	191301	Claim Eligibility DENIED - Not a Compensable Expense.
EBR	EBAT19-086	191451	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-089	191501	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Greenoaks Funeral Home & Cemetary
EBR	EBAT19-090	191550	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Hall Davis & Sons Funeral Service, LLC

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-093	191641	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Jeane Funeral Services Inc.
EBR	EBAT19-367	190865	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-368	190863	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-369	190860	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-370	190861	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-371	190868	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-506	191499	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-507	191500	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-508	191503	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-509	191504	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-510	191505	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-511	191506	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-512	191507	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-513	191508	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-514	191510	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-515	191509	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-516	191511	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-517	191512	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-518	191513	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-519	191514	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-520	191515	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-521	191516	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-522	191517	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-523	191518	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-524	191519	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-525	191520	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-526	191521	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-527	191522	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-528	191523	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-529	191524	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-530	191525	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-531	191526	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-532	191528	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-533	191529	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-534	191530	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-534	191638	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-535	191586	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-536	191587	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-537	191588	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-538	191589	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-539	191590	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-540	191591	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-541	191592	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-542	191593	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-544	191643	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-545	191644	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-546	191645	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-547	191646	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-548	191647	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-549	191648	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-550	191649	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office

Parish	CVR #	Claim #	Resolution
EBR	EBAT19-551	191650	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-552	191651	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-553	191652	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-554	191653	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-557	191725	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-558	191727	Claim Eligibility APPROVED. Payment of $629.38 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-559	191728	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-560	191729	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-561	191730	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-562	191731	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
EBR	EBAT19-609	190651	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-617	191360	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-622	191372	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office Payment of $1,389.75 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent
IBERIA	IBER16-017	161282	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
IBERIA	IBER19-006	191750	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
IBERIA	IBER19-323	191488	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
IBERIA	IBER19-324	191489	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE

Parish	CVR #	Claim #	Resolution
IBERIA	IBER19-325	191734	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
IBERVILLE	IBEV18-401	191541	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-300	190864	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-322	191580	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-323	191570	Claim Eligibility APPROVED. Payment of $70.00 APPROVED for MEDICAL to CARE Center
IBERVILLE	IBEV19-324	191579	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-325	191657	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
IBERVILLE	IBEV19-326	191658	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
JEFFERSON	JEFF17-017	172483	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
JEFFERSON	JEFF18-762	191540	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-010	191108	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to L.A. Muhleisen & Son EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
JEFFERSON	JEFF19-013	191669	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Garden of Memories Cemetery (Metairie)
JEFFERSON	JEFF19-457	191574	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-458	191612	Claim Eligibility APPROVED. Payment of $1,457.86 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-459	191596	Claim UNABLE TO PROCESS - .
JEFFERSON	JEFF19-460	191613	Claim Eligibility APPROVED. Payment of $1,500.00 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-461	191614	Claim Eligibility APPROVED. Payment of $5,395.97 APPROVED for MEDICAL to Tulane Lakeside Hospital

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF19-462	191615	Claim Eligibility APPROVED. Payment of $2,759.04 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-464	191616	Claim Eligibility APPROVED. Payment of $1,407.70 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-465	191747	Claim Eligibility APPROVED. Payment of $1,476.71 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
JEFFERSON	JEFF19-466	191621	Claim UNABLE TO PROCESS - .
JEFFERSON	JEFF19-467	191617	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-468	191600	Claim UNABLE TO PROCESS - .
JEFFERSON	JEFF19-469	191601	Claim UNABLE TO PROCESS - .
JEFFERSON	JEFF19-470	191618	Claim Eligibility APPROVED. Payment of $2,570.12 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-505	191359	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-510	191378	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-608	191625	Claim Eligibility APPROVED. Payment of $3,097.83 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-610	191627	Claim Eligibility APPROVED. Payment of $1,378.35 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-611	191628	Claim Eligibility APPROVED. Payment of $1,576.01 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-612	191629	Claim Eligibility APPROVED. Payment of $1,410.19 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-613	191630	Claim Eligibility APPROVED. Payment of $2,722.80 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-619	191637	Claim Eligibility APPROVED. Payment of $257.00 APPROVED for MEDICAL to West Jefferson Medical Center - Marrero
JEFFERSON DAVI	JEFD17-007	190616	Claim Eligibility APPROVED. Payment of $1,126.10 APPROVED for MEDICAL to Lake Charles Memorial Hospital

Parish	CVR #	Claim #	Resolution
JEFFERSON DAVI	JEFD19-301	191559	Claim Eligibility APPROVED. Payment of $445.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
LAFAYETTE	LAFA15-021	150934	Claim Eligibility APPROVED. Payment of $27.50 APPROVED for MEDICAL to Advanced Medical Supplies Payment of $17.60 APPROVED for MEDICAL to Regional Radiology, LLC Payment of $56.10 APPROVED for MEDICAL to Wayne T. LIndermann MD Payment of $31.43 APPROVED for MEDICAL to Louisiana Orthopaedic Specialists Payment of $104.46 APPROVED for MEDICAL to GBR LLC Payment of $1,900.07 APPROVED for MEDICAL to Lafayette General Medical Center
LAFAYETTE	LAFA19-391	191467	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-392	191468	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-393	191469	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-394	191470	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-395	191471	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-396	191472	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-397	191473	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-398	191474	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-399	191475	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-400	191476	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-401	191477	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-402	191490	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-403	191491	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE

Parish	CVR #	Claim #	Resolution
LAFAYETTE	LAFA19-404	191492	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-405	191493	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
LAFAYETTE	LAFA19-406	191576	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LAFOURCHE	LAFO16-023	161276	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for SUPPORT to Claimant
LAFOURCHE	LAFO19-301	191542	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LAFOURCHE	LAFO19-302	191543	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LAFOURCHE	LAFO19-501	191577	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LAFOURCHE	LAFO19-502	191575	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-503	191735	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-504	191736	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-505	191737	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LAFOURCHE	LAFO19-506	191738	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-507	191602	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-508	191582	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-509	191583	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-510	191584	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-511	191620	Claim UNABLE TO PROCESS - .

Parish	CVR #	Claim #	Resolution
LIVINGSTON	LIVI19-512	191585	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-513	191659	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-514	191660	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI19-516	191739	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-517	191740	Claim Eligibility APPROVED. Payment of $754.32 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-520	191741	Claim UNABLE TO PROCESS - .
LIVINGSTON	LIVI19-521	191742	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-522	191743	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-527	191744	Claim Eligibility APPROVED. Payment of $771.00 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-528	191745	Claim Eligibility APPROVED. Payment of $771.00 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-530	191746	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
MADISON	MADI18-001	181316	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
NATCHITOCHES	NATC15-002	150827	Claim Eligibility APPROVED. Payment of $939.95 APPROVED for MEDICAL to Natchitoches Regional Medical Center
NATCHITOCHES	NATC19-413	191486	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Forensic Nurse Examiners
ORLEANS	ORLE16-110	160412	Claim Eligibility APPROVED. Payment of $1,758.28 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE16-111	160893	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE17-007	170640	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Littlejohn's Funeral Home

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-132	190628	Claim Eligibility APPROVED. Payment of $702.86 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-153	190362	Claim Eligibility APPROVED. Payment of $213.76 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-652	190682	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MENTAL HEALTH to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-654	191459	Claim Eligibility APPROVED. Payment of $2,693.68 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-655	191567	Claim Eligibility APPROVED. Payment of $1,150.34 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-656	191548	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-657	191536	Claim Eligibility APPROVED. Payment of $4,386.08 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-658	191535	Claim Eligibility APPROVED. Payment of $2,227.60 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-661	191534	Claim Eligibility APPROVED. Payment of $1,586.99 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-663	190637	Claim Eligibility APPROVED. Payment of $1,597.71 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-665	191533	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-680	191701	Claim Eligibility DENIED - Not a Compensable Expense.
ORLEANS	ORLE18-690	191452	Claim Eligibility DENIED - Lack of Cooperation. Payment of $0.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-695	191549	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE18-698	191527	Claim Eligibility APPROVED.

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE18-965	182347	Claim Eligibility APPROVED. Payment of $1,150.98 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-088	191553	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE19-103	191299	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
ORLEANS	ORLE19-104	191309	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
ORLEANS	ORLE19-106	191456	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Gertrude Geddes Willis Funeral Home
ORLEANS	ORLE19-107	191566	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-108	191563	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Boyd-Brooks Funeral Service
ORLEANS	ORLE19-116	191609	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-118	191642	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE19-120	191726	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Professional Funeral Services
ORLEANS	ORLE19-324	190618	Claim Eligibility APPROVED. Payment of $1,509.71 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-390	191447	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 APPROVED for MEDICAL to LCMC - SBO
ORLEANS	ORLE19-605	191423	Claim Eligibility DENIED - Not a Compensable Expense.
ORLEANS	ORLE19-615	191603	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-618	191619	Claim Eligibility APPROVED. Payment of $4,055.73 APPROVED for MEDICAL to Tulane Lakeside Hospital
ORLEANS	ORLE19-621	191605	Claim Eligibility APPROVED. Payment of $589.71 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE19-622	191748	Claim Eligibility APPROVED. Payment of $1,772.33 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-623	191749	Claim Eligibility APPROVED. Payment of $2,894.48 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-624	191606	Claim UNABLE TO PROCESS - .
ORLEANS	ORLE19-625	191607	Claim UNABLE TO PROCESS - .
ORLEANS	ORLE19-627	191608	Claim UNABLE TO PROCESS - .
ORLEANS	ORLE19-632	191661	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ORLEANS	ORLE19-717	191457	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-727	190788	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-730	190794	Claim Eligibility APPROVED. Payment of $2,914.41 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-756	190949	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay
ORLEANS	ORLE19-811	191365	Claim Eligibility APPROVED. Payment of $320.00 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-812	191373	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
ORLEANS	ORLE19-813	191377	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
OUACHITA	OUAC19-324	191449	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-404	191634	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-405	191714	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office

Parish	CVR #	Claim #	Resolution
OUACHITA	OUAC19-406	191715	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-407	191716	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-408	191717	Claim Eligibility DENIED - Contribution.
OUACHITA	OUAC19-409	191718	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
OUACHITA	OUAC19-410	191719	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office
PLAQUEMINES	PLAQ15-002	150232	Claim Eligibility APPROVED. Payment of $230.00 APPROVED for MEDICAL to Claimant
PLAQUEMINES	PLAQ19-602	190857	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
POINT COUPEE	POIN19-301	191662	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
RAPIDES	RAPI18-401	191561	Claim UNABLE TO PROCESS - .
RAPIDES	RAPI19-300	190867	Claim Eligibility APPROVED. Payment of $1,405.35 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
SABINE	SABI19-003	191345	Claim Eligibility APPROVED. EMERGENCY Payment of $250.00 APPROVED for SUPPORT to Claimant EMERGENCY Payment of $250.00 APPROVED for Relocation to Sabine Housing Authority
ST. CHARLES	CHAR19-021	191334	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
ST. CHARLES	CHAR19-601	191364	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ST. HELENA	HELE19-005	191358	Claim Eligibility APPROVED. Payment of $575.12 APPROVED for MEDICAL to CARE Center
ST. JAMES	JAME19-302	191578	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ST. JOHN THE BA	JOHN19-600	190500	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MENTAL HEALTH to Claimant
ST. JOHN THE BA	JOHN19-600	190501	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for MENTAL HEALTH to Claimant

Parish	CVR #	Claim #	Resolution
ST. LANDRY	LAND19-004	191568	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for SUPPORT to Claimant
ST. LANDRY	LAND19-403	191484	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. LANDRY	LAND19-404	191483	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. LANDRY	LAND19-405	191482	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. LANDRY	LAND19-406	191481	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARTIN	MART19-310	191494	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. MARY	MARY15-003	150751	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of $785.00 APPROVED for MEDICAL to Claimant Payment of $381.15 APPROVED for MEDICAL to Acadian Ambulance Payment of $6,175.40 APPROVED for MEDICAL to Teche Regional Medical Center
ST. MARY	MARY17-006	171988	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to MK Dixon Funeral Home
ST. MARY	MARY19-003	191551	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Jones Funeral Home
ST. MARY	MARY19-309	191480	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
ST. TAMMANY	TAMM19-323	191376	Claim Eligibility APPROVED. Payment of $797.06 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-401	191546	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ST. TAMMANY	TAMM19-402	191569	Claim Eligibility APPROVED. Payment of $547.30 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-032	191252	Claim Eligibility APPROVED.
TANGIPAHOA	TANG19-300	190866	Claim Eligibility APPROVED.
TANGIPAHOA	TANG19-310	191357	Claim Eligibility APPROVED. Payment of $532.38 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
TANGIPAHOA	TANG19-315	191374	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-316	191375	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
TANGIPAHOA	TANG19-403	191573	Claim UNABLE TO PROCESS - .
TANGIPAHOA	TANG19-403	191663	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
TANGIPAHOA	TANG19-501	191544	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
TANGIPAHOA	TANG19-502	191545	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
VERMILLION	VERM19-402	191497	Claim Eligibility APPROVED. Payment of $490.00 APPROVED for MEDICAL to Vernon Parish Coroner's Office
VERMILLION	VERM19-403	191479	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERMILLION	VERM19-404	191478	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERMILLION	VERM19-405	191485	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERMILLION	VERM19-406	191498	Claim Eligibility APPROVED. Payment of $928.64 APPROVED for MEDICAL to Vernon Parish Coroner's Office
VERMILLION	VERM19-407	191495	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to Hearts of Hope -SANE
VERMILLION	VERM19-408	191496	Claim Eligibility APPROVED. Payment of $800.00 APPROVED for MEDICAL to Hearts of Hope -SANE
WASHINGTON	WASH19-103	191366	Claim Eligibility APPROVED. Payment of $843.05 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-104	191367	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-105	191369	Claim Eligibility APPROVED. Payment of $586.71 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-106	191370	Claim Eligibility APPROVED. Payment of $598.30 APPROVED for MEDICAL to CARE Center

Parish	CVR #	Claim #	Resolution
WASHINGTON	WASH19-301	191571	Claim Eligibility APPROVED. Payment of $691.00 APPROVED for MEDICAL to CARE Center
WASHINGTON	WASH19-302	191572	Claim Eligibility APPROVED. Payment of $935.75 APPROVED for MEDICAL to CARE Center
WEST BATON RO	WBAT19-404	191547	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
WEST BATON RO	WBAT19-405	191581	Claim Eligibility APPROVED. Payment of $650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
WEST BATON RO	WBAT19-406	191664	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
WEST BATON RO	WBAT19-407	191665	Claim Eligibility APPROVED. Payment of $500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
WEST FELICIANA	WFEL19-001	191552	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for WAGE to Claimant

ADJOURNMENT / OTHER BUSINESS

The Board set the date for the next board meeting as November 12, 2019.

Mr. Guillory made a motion to adjourn the meeting. Ms. Gautier seconded the motion. The motion passed