

Law Enforcement Medical Liability Account Claim

Provider of Medical Services	Federal Tax ID# _____
LEMLA Patient's Name _____	
Address _____ Street City State Zip	
Date of Injury _____ Nature of Injury _____	
Provider Name _____ Medicaid Provider # _____	
The following documentation is attached:	
<input type="checkbox"/> Hospital/Provider detail billing showing usual charge. (REQUIRED)	LEMLA Claim Amount \$ _____
<input type="checkbox"/> Portion of the Provider ER Report showing type of injury. (If available)	
<input type="checkbox"/> Information showing collection effort. (REQUIRED)	
Payment received prior to billing LEMLA? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	

Provider: Mail to the Law Enforcement Agency for review and authorization. DO NOT submit directly to LEMLA.

Law Enforcement Agency	
Offense: _____ _____	
Release from physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____	
Arresting Officer: _____ BPST# _____	
Law Enforcement Case/File # _____	
As authorized representative of the law enforcement agency involved, I hereby certify the above claim is for injuries related to law enforcement activity.	
_____ Signature _____ Title _____ Date _____	
_____ Print Name _____ Agency _____	

Law Enforcement Agency Mail To:
Law Enforcement Medical Liability Account (LEMLA) PO Box 14550 Salem OR 97309 Telephone: 503.945.7012

Law Enforcement Medical Liability Account
LEMLA Claim Number: _____ Payment Amount \$ _____
Payment Approved By: _____ Date: _____

(See reverse side for additional information and instructions)

Instructions for Filling Out Claim

Providers

- Fill out the box marked "Provider of Medical Services".
- Be sure to attach the billing document, ER report, and documentation showing collection activity. The patient must be billed for the charges and efforts made to collect for a period of 45 days before submission of a LEMLA claim. The billing document and collection information are required. The ER report is not required, however we would appreciate submission for detailed information.
- LEMLA claim amount should be the total amount of the services that are directly connected to injuries related to law enforcement activity. Do not reduce this amount by another payment you may receive prior to submission of a claim. Report this payment on the next line of the claim form.
- Do not include any charges for services for pre-existing condition or illness, or services that are unrelated to the injuries related to law enforcement activity.
- Time limit for filing a claim is one year after date of injury.
- Be sure to make a copy of this claim for your records.
- Mail claim to the law enforcement agency involved in the injury. Do not submit claim directly to LEMLA.

Law Enforcement Agency

- Fill out the box marked "Law Enforcement Agency".
- Review the claim to ensure that services being billed are directly related to injuries as a result of law enforcement activity. If not, reject the claim back to the provider. If services being billed include charges for both a qualifying injury and a pre-existing injury or illness, return the claim to the provider so they can split the charges. If services being billed are for charges that occurred after the release date, reject the claim back to the provider.
- Send completed claim to LEMLA.

Definition of "Injuries Relating to Law Enforcement Activity"

Injuries related to law enforcement activity means injuries sustained prior to booking, citation in lieu of arrest or release instead of booking that occur during and as a result of efforts by a law enforcement officer to restrain or detain, or take or retain custody of, the individual.

Definition of "LEMLA Claim Amount"

LEMLA claim amount means the total cost of such services provided to a LEMLA patient which are directly connected to injuries related to law enforcement activity. It shall not include any charges for services provided to a LEMLA patient for a pre-existing disease or condition, or services that are unrelated to the "injuries related to law enforcement activities".

Definition of "Release Date"

Release date means the date the injured person is released from actual physical custody, as determined by the law enforcement agency. LEMLA will no longer pay for services to an injured person following the release date.

Provider Information

According to the Administrative Rules, if LEMLA has paid you and you subsequently receive a payment from any other source, you are required to repay LEMLA the amount received minus the difference between the usual amount billed and amount LEMLA paid. In other words, you are entitled to reimburse yourself for the amount LEMLA did not pay, with the excess due LEMLA as overpayment. The overpayment if due and payable to LEMLA within 30 days after you have received the funds. Payment shall be by check.

Discrimination Statement

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, religion, political beliefs or disability. You