

## State of South Carolina Department of Social Services

## **Supplemental Benefits Medical Reimbursement Request**

For any questions related to this form please contact DSS State Office Adoptions at 803 898 3956 or qaadoptionmedicalcoverage@dss.sc.gov

Complete form legibly, include proof of expenditures, and mail to SC DSS, State Office Adoption Services, PO BOX 1520, Columbia, SC 29202, or email to supplementalreimbursementrequests@dss.sc.gov.

SECTION A: Basic Information (co	mplete by	v Provider or Ado	ptive Parer	nt)			
Child's Name: (Last, First, MI)		Date of Birth	•		DSS Track	ing Number	
Payee's Name		Payee's Phone	Payee's Email		I.		
Payee's Address							
SECTION B: Prior Approval (not needed for children 17 and younger for respite)							
For Children 18-20 years old respite care	For Professional Services			Is this State Office Adoption Representative Ap			
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No (DSS verifies this informati				information.)
What is this approved for?							
SECTION C: Posnito (for a child(ren) 18 20 medical necessity latter required)							
SECTION C: Respite (for a child(ren) 18-20 medical necessity letter required)  Who (name of person)  Amount paid							
The (name of person)	\$	paia					
Date Range 1: from to	Date Range 2: from		to		Date Range 3: from to		
	I						
SECTION D: Professional Services							
Note: If you are a new professional services provider, then a completed Form W-9 and a Request for Taxpayer ID and Certification must be completed and returned, which can be obtained from Adoption Services.							
Provider or Therapist Name Payee's Federal ID or Social		ecurity No.: Profess		ssional Services Signature: (if paying provider)			
Type of Service	Dates of Service		Total Cost		Less Insu	ırance	Balance
				\$			\$
			\$		\$		\$
			\$	\$			\$
			\$		\$		\$
Documentation: (Original bill, or copy if original not available, must be attached.) Total Payment Amount:							\$
SECTION E: Adoptive Family Certi	fication						
SECTION E: Adoptive Family Certification  I certify that the above services were provided on behalf of this child.							
Adoptive Family's Signature  Date							
SECTION F: SC DSS ONLY							
State Office Adoptions Representative:							
State Office Adoption Representative Signature: Date:							