

TRAUMA CARE ASSISTANCE REVOLVING FUND
Checklist for Submission – Hospital

Documents must be uploaded to Box account by COB on the deadline. All requirements must be submitted and met to be eligible for reimbursement.

- Signed and notarized Memorandum of Agreement (MOA). One MOA per physician group is acceptable. When submitting to Box, scan the original notarized MOA and upload.

- Excel document: Hospital Claim Form labeled with the organization name, application period, and contact information for the designated point of contact. All claims for a physician group should be submitted on one Excel document, grouping each case by one procedural code per row. Be sure to include the license number in the designated column.

- A copy of your Medicare Worksheet C Part I that corresponds with the dates of service in the Trauma Fund Application.

- Explanation/example of how your Cost-To-Charge ratio was calculated. You may show this on your Medicare Worksheet C, or on a separate piece of paper.

- Updates completed on the [OMES Supplier Portal](#), if applicable. If your organization had any listed change below in the last six months, click the link above and follow instructions to update your information:
 - Ownership
 - Address
 - Tax ID number
 - Name of organization
 - Invoicing point of contact