

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-4022

Victim Initials: K.D.

Case Payment Totals: **\$2,067.33**

Claim Payments:

CL2018-30d4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$2,007.33	Medical	Hospital or Clinic	3/14/2018-3/15/2018
Payee: Chi St. Alexius Health				

CL2018-5c59

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$60.00	Medical	Hospital or Clinic	3/23/2018-3/23/2018
Payee: Sanford Health				

Case ID Number: CS2018-4060

Victim Initials: A.C.

Case Payment Totals: **\$1,663.94**

Claim Payments:

CL2019-26d5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$46.23	Mental Health		1/9/2019-1/9/2019
Payee: Dakota Children'S Advocacy Center				

CL2019-e9d2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$157.68	Mental Health		12/20/2018-12/20/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-10a9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$79.07	Mental Health		10/24/2018-10/24/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-25c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$79.07	Mental Health		9/21/2018-9/21/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-32c0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$77.77	Mental Health		9/14/2018-9/14/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-6323

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$70.07	Mental Health		5/30/2018-5/30/2018
Payee: Dakota Children'S Advocacy Center				

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CL2018-d98b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$79.07	Mental Health		9/28/2018-9/28/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-f78f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$79.07	Mental Health		10/9/2018-10/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-127c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		8/17/2018-8/17/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-5b00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		8/1/2018-8/1/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-5ba6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7978

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		8/24/2018-8/24/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-9323

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		7/25/2018-7/25/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-fce5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$87.74	Mental Health		5/2/2018-5/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-18bf

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.15	Mental Health		7/11/2018-7/11/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-4965

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$71.90	Mental Health		5/16/2018-5/16/2018

Payee: **Dakota Children'S Advocacy Center**

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CL2018-6849

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$71.90	Mental Health		6/26/2018-6/26/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7755

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		6/13/2018-6/13/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-94c6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.15	Mental Health		7/20/2018-7/20/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-9b02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.74	Mental Health		8/31/2018-8/31/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4065

Victim Initials: A.S.

Case Payment Totals: **\$3,741.45**

Claim Payments:

CL2019-73BD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$1,648.65	Medical	Hospital or Clinic	6/4/2018-6/4/2018

Payee: **Mckenzie County Healthcare System**

CL2019-864B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$364.80	Medical	Hospital or Clinic	6/4/2018-6/4/2018

Payee: **Mckenzie County Healthcare System**

CL2018-9e4a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$576.00	Medical	Hospital or Clinic	6/28/2018-6/28/2018

Payee: **Anova Family Health Center**

12/07/2018	\$576.00	Medical	Hospital or Clinic	7/26/2018-7/26/2018
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Payee: **Anova Family Health Center**

12/07/2018	\$576.00	Medical	Hospital or Clinic	8/20/2018-8/20/2018
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Payee: **Anova Family Health Center**

Case ID Number: CS2018-4071

Victim Initials: G.B.

Case Payment Totals: **\$2,075.10**

Claim Payments:

North Dakota Crime Victims Compensation

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CL2019-13fe

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		1/14/2019-1/14/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-8767

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$79.06	Mental Health		11/7/2018-11/7/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-0e45

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$87.74	Mental Health		9/12/2018-9/12/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-5d09

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$87.74	Mental Health		8/22/2018-8/22/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-a5e6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$87.74	Mental Health		7/25/2018-7/25/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-f0f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$87.74	Mental Health		8/16/2018-8/16/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-ff16

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$87.74	Mental Health		10/19/2018-10/19/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-6673

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$147.70	Mental Health		6/21/2018-6/21/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7287

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$147.70	Mental Health		5/10/2018-5/10/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7754

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$147.70	Mental Health		7/23/2018-7/23/2018

Payee: **Dakota Children'S Advocacy Center**

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CL2018-898c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$147.70	Mental Health		7/5/2018-7/5/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-f7b3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$147.70	Mental Health		7/19/2018-7/19/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-2525

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$147.70	Mental Health		6/6/2018-6/6/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-50d9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$288.00	Medical	Hospital or Clinic	5/10/2018-5/10/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-6557

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$147.70	Mental Health		6/14/2018-6/14/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7ed5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$147.70	Mental Health		5/31/2018-5/31/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: **CS2018-4080**

Victim Initials: **K.S.**

Case Payment Totals: **\$374.13**

Claim Payments:

CL2019-45c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		9/4/2018-9/4/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-8cb5

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$42.51	Mental Health		8/24/2018-8/24/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-a5fc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$288.00	Mental Health		8/14/2018-8/14/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

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Case ID Number: CS2018-409f

Victim Initials: D.L.

Case Payment Totals: **\$4,475.04**

Claim Payments:

CL2018-b93c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$4,247.84	Medical	Hospital or Clinic	11/19/2017-11/19/2017
Payee: Tioga Medical Center				

CL2018-dd9a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$227.20	Medical	Hospital or Clinic	11/19/2017-11/19/2017
Payee: Tioga Clinic Non Rhc				

Case ID Number: CS2018-40ca

Victim Initials: L.F.

Case Payment Totals: **\$810.51**

Claim Payments:

CL2018-5669

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/21/2018	\$174.17	Mental Health		11/5/2018-11/5/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-d464

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/21/2018	\$174.17	Mental Health		10/25/2018-10/25/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-6220

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$174.17	Mental Health		9/28/2018-9/28/2018
Payee: Dakota Children'S Advocacy Center				

CL2018-3914

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/05/2018	\$288.00	Medical	Hospital or Clinic	8/6/2018-8/6/2018
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2018-40f6

Victim Initials: K.S.

Case Payment Totals: **\$5,401.60**

Claim Payments:

CL2018-0773

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/08/2018	\$5,401.60	Medical	Hospital or Clinic	8/21/2018-8/24/2018
Payee: Sanford Health				

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Case ID Number: CS2018-4100

Victim Initials: D.S.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-ec0b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic	8/3/2018-8/3/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-412c

Victim Initials: R.T.

Case Payment Totals: **\$2,933.20**

Claim Payments:

CL2018-0610

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$2,223.20	Medical	Hospital or Clinic	10/3/2018-10/3/2018

Payee: **Jamestown Regional Medical Center**

CL2018-6a5b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$710.00	Medical	Hospital or Clinic	10/3/2018-10/3/2018

Payee: **Jamestown Area Amulance**

Case ID Number: CS2018-415e

Victim Initials: M.A.

Case Payment Totals: **\$4,160.00**

Claim Payments:

CL2019-B4AB

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$1,040.00	Mental Health		2/18/2019-2/18/2019

Payee: **Summit Counseling**

04/11/2019	\$1,040.00	Mental Health		1/9/2019-1/9/2019
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Payee: **Summit Counseling**

04/11/2019	\$1,040.00	Mental Health		1/16/2019-1/16/2019
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Payee: **Summit Counseling**

04/11/2019	\$1,040.00	Mental Health		1/21/2019-1/21/2019
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Payee: **Summit Counseling**

Case ID Number: CS2018-41b3

Victim Initials: S.F.

Case Payment Totals: **\$168.92**

Claim Payments:

CL2018-5334

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$87.74	Mental Health		10/1/2018-10/1/2018

Payee: **Dakota Children'S Advocacy Center**

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CL2018-975a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$81.18	Mental Health		9/18/2018-9/18/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-41c6

Victim Initials: J.T.

Case Payment Totals: **\$470.00**

Claim Payments:

CL2018-838f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/15/2018	\$470.00	Medical	Dental	5/18/2018-5/18/2018

Payee: **J.T.**

Case ID Number: CS2018-4289

Victim Initials: L.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-a363

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/16/2019	\$288.00	Medical	Hospital or Clinic	5/24/2018-5/24/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-42c9

Victim Initials: R.M.

Case Payment Totals: **\$3,550.33**

Claim Payments:

CL2018-2269

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$496.63	Medical	Hospital or Clinic	10/18/2017-10/18/2017

Payee: **Altru Health System**

CL2018-3168

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$83.57	Medical	Hospital or Clinic	11/29/2017-11/29/2017

Payee: **Altru Health System**

CL2018-35ed

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$2,627.83	Medical	Hospital or Clinic	10/17/2017-10/17/2017

Payee: **Altru Health System**

CL2018-5def

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$51.94	Medical	Hospital or Clinic	1/10/2018-1/10/2018

Payee: **Altru Health System**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2018-75ec

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$83.57	Medical	Hospital or Clinic	11/1/2017-11/1/2017

Payee: **Altru Health System**

CL2018-7991

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$206.79	Medical	Hospital or Clinic	1/10/2018-1/10/2018

Payee: **Altru Health System**

Case ID Number: CS2018-42e7

Victim Initials: **R.W.**

Case Payment Totals: **\$740.26**

Claim Payments:

CL2018-2f00

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$174.47	Medical	Hospital or Clinic	1/31/2018-1/31/2018

Payee: **Harvey Ambulance Service**

CL2018-49d9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$105.35	Medical	Hospital or Clinic	1/30/2018-1/30/2018

Payee: **Chi St. Alexius Health - (Bismarck Address)**

CL2018-c633

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$460.44	Medical	Hospital or Clinic	1/30/2018-1/30/2018

Payee: **St. Aloisius Medical Center**

Case ID Number: CS2018-43c9

Victim Initials: **M.J.**

Case Payment Totals: **\$232.00**

Claim Payments:

CL2018-ba4b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$232.00	Medical	Hospital or Clinic	6/16/2018-6/16/2018

Payee: **Sanford Health**

Case ID Number: CS2018-43f3

Victim Initials: **C.S.**

Case Payment Totals: **\$1,500.00**

Claim Payments:

CL2018-83c7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$1,500.00	Wage Loss		

Payee: **C.S.**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-4434

Victim Initials: K.M.

Case Payment Totals: **\$158.12**

Claim Payments:

CL2019-890d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/29/2018-11/29/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-adda

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/6/2018-11/6/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4485

Victim Initials: C.B.

Case Payment Totals: **\$4,100.00**

Claim Payments:

CL2018-665b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
09/13/2018	\$4,100.00	Wage Loss		

Payee: **C.B.**

Case ID Number: CS2018-44b3

Victim Initials: E.T.

Case Payment Totals: **\$1,300.00**

Claim Payments:

CL2019-5996

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$104.00	Mental Health		3/18/2019-3/18/2019

Payee: **Northern Plains Children'S Advocacy Center**

CL2019-B6EE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$104.00	Mental Health		2/12/2019-2/12/2019

Payee: **Northern Plains Children'S Advocacy Center**

CL2019-F6D2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$104.00	Mental Health		2/25/2019-2/25/2019

Payee: **Northern Plains Children'S Advocacy Center**

CL2019-639a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$104.00	Mental Health		1/24/2019-1/24/2019

Payee: **Northern Plains Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2019-0504

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$104.00	Mental Health		1/7/2019-1/7/2019

Payee: Northern Plains Children'S Advocacy Center

CL2018-5ab3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$104.00	Mental Health		11/13/2018-11/13/2018

Payee: Northern Plains Children'S Advocacy Center

CL2018-db4e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$104.00	Mental Health		11/27/2018-11/27/2018

Payee: Northern Plains Children'S Advocacy Center

CL2018-705f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$104.00	Mental Health		10/16/2018-10/16/2018

Payee: Northern Plains Children'S Advocacy Center

CL2018-ba13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$180.00	Mental Health		10/2/2018-10/2/2018

Payee: Northern Plains Children'S Advocacy Center

CL2018-df63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/01/2018	\$288.00	Medical	Hospital or Clinic	9/19/2018-9/19/2018

Payee: Northern Plains Children'S Advocacy Center

Case ID Number: CS2018-44cb

Victim Initials: S.G.

Case Payment Totals: \$56.00

Claim Payments:

CL2018-45e9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$28.00	Mental Health		10/1/2018-10/1/2018

Payee: Decoteau Trauma-Informed Care & Practice, Plcc

CL2018-6585

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$28.00	Mental Health		9/17/2018-9/17/2018

Payee: Decoteau Trauma-Informed Care & Practice, Plcc

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-44f4

Victim Initials: C.F.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-b034

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$288.00	Medical	Hospital or Clinic	10/10/2018-10/10/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4532

Victim Initials: A.S.

Case Payment Totals: **\$600.00**

Claim Payments:

CL2018-5eec

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$600.00	Wage Loss		

Payee: **A.S.**

Case ID Number: CS2018-453a

Victim Initials: C.W.

Case Payment Totals: **\$2,169.96**

Claim Payments:

CL2018-1919

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$564.36	Medical	Hospital or Clinic	1/15/2018-1/15/2018

Payee: **Chi St. Alexius Health**

CL2018-8125

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$1,605.60	Medical	Hospital or Clinic	1/15/2018-1/15/2018

Payee: **Chi St. Alexius Health**

Case ID Number: CS2018-4566

Victim Initials: B.S.

Case Payment Totals: **\$57.60**

Claim Payments:

CL2018-6b7c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$57.60	Mental Health		6/6/2018-6/6/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-45bd

Victim Initials: M.F.

Case Payment Totals: **\$682.07**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2018-062a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$161.00	Mental Health		7/25/2018-7/25/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-79e4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$173.69	Mental Health		9/5/2018-9/5/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-d5fb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$173.69	Mental Health		8/2/2018-8/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-f837

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$173.69	Mental Health		8/16/2018-8/16/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: **CS2018-4627**

Victim Initials: **A.C.**

Case Payment Totals: **\$2,353.43**

Claim Payments:

CL2019-0345

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$78.26	Mental Health		11/27/2018-11/27/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-31d3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$78.26	Mental Health		11/2/2018-11/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-48f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.14	Mental Health		12/7/2018-12/7/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-6b7a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$78.26	Mental Health		11/9/2018-11/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-99df

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.14	Mental Health		12/14/2018-12/14/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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CL2019-b98d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$46.23	Mental Health		12/20/2018-12/20/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-bf8d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$46.23	Mental Health		1/9/2019-1/9/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-ed0d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$78.26	Mental Health		11/14/2018-11/14/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-1fbe

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		9/7/2018-9/7/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-28ec

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		9/21/2018-9/21/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-2f89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-345c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$8.11	Mental Health		7/5/2018-7/5/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-3b73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		8/1/2018-8/1/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-41c6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		9/14/2018-9/14/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-48d0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		9/28/2018-9/28/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2018-5579

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		8/24/2018-8/24/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7b73

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		7/11/2018-7/11/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7c2a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		10/9/2018-10/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-ded2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		10/24/2018-10/24/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-e282

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		7/25/2018-7/25/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-e35f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		8/31/2018-8/31/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-fa13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		7/20/2018-7/20/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-fe15

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$87.74	Mental Health		8/17/2018-8/17/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-277d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		6/4/2018-6/4/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-345c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		7/5/2018-7/5/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2018-4e68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$74.08	Mental Health		5/2/2018-5/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-8795

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		5/15/2018-5/15/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-8f34

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$80.95	Mental Health		6/26/2018-6/26/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-ba71

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		6/13/2018-6/13/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-5193

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$79.63	Mental Health		5/30/2018-5/30/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4695

Victim Initials: O.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-4395

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$288.00	Medical	Hospital or Clinic	6/11/2018-6/11/2018

Payee: **Northern Plains Children'S Advocacy Center**

Case ID Number: CS2018-46b9

Victim Initials: L.G.

Case Payment Totals: **\$114.23**

Claim Payments:

CL2018-7809

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$64.23	Medical	Prescription	5/14/2018-5/15/2018

Payee: **L.G.**

CL2018-8506

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$50.00	Medical	Hospital or Clinic	5/14/2018-5/14/2018

Payee: **L.G.**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-46c2

Victim Initials: O.Z.

Case Payment Totals: **\$1,998.28**

Claim Payments:

CL2019-534E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$188.10	Mental Health		12/12/2018-12/12/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		10/23/2018-10/23/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		11/13/2018-11/13/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		12/5/2018-12/5/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		12/24/2018-12/24/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		12/18/2018-12/18/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		10/16/2018-10/16/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		11/1/2018-11/1/2018
Payee: Summit Counseling				
03/01/2019	\$188.10	Mental Health		11/6/2018-11/6/2018
Payee: Summit Counseling				

CL2019-5185

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$128.80	Medical	Hospital or Clinic	11/5/2018-11/5/2018
Payee: Sanford Health				

CL2018-b020

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$176.58	Medical	Hospital or Clinic	9/30/2018-9/30/2018
Payee: Chi St. Alexius Health Willston				

Case ID Number: CS2018-46cd

Victim Initials: J.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-cd8e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
07/17/2018	\$288.00	Medical	Hospital or Clinic	4/11/2018-4/11/2018
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2018-4747

Victim Initials: M.D.

Case Payment Totals: **\$288.00**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2018-ab4d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/01/2018	\$288.00	Medical	Hospital or Clinic	9/28/2018-9/28/2018

Payee: Northern Plains Children'S Advocacy Center

Case ID Number: CS2018-474f

Victim Initials: A.S.

Case Payment Totals: **\$759.94**

Claim Payments:

CL2018-d5dd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$759.94	Medical	Hospital or Clinic	7/20/2018-7/20/2018

Payee: Altru Health System

Case ID Number: CS2018-4779

Victim Initials: D.W.

Case Payment Totals: **\$2,456.80**

Claim Payments:

CL2019-0102

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
02/28/2019	\$528.00	Mental Health		1/24/2019-1/24/2019

Payee: Summit Counseling

02/28/2019	\$528.00	Mental Health		1/10/2019-1/10/2019
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Payee: Summit Counseling

02/28/2019	\$528.00	Mental Health		2/5/2019-2/5/2019
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Payee: Summit Counseling

CL2018-21ce

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$392.80	Mental Health		8/24/2018-8/24/2018

Payee: Chi St. Alexius Health

CL2018-84d7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$160.00	Mental Health		8/20/2018-8/20/2018

Payee: Summit Counseling

CL2018-a9a7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$160.00	Mental Health		9/11/2018-9/11/2018

Payee: Summit Counseling

CL2018-a9eb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$160.00	Mental Health		8/27/2018-8/27/2018

Payee: Summit Counseling

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-47f1

Victim Initials: E.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-534f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/16/2019	\$288.00	Medical	Hospital or Clinic	8/13/2018-8/13/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4819

Victim Initials: J.L.

Case Payment Totals: **\$985.30**

Claim Payments:

CL2018-0f77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$685.30	Medical	Hospital or Clinic	7/22/2018-7/22/2018

Payee: **Trinity Hospital**

CL2018-2e9b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$300.00	Wage Loss		

Payee: **J.L.**

Case ID Number: CS2018-482a

Victim Initials: T.S.

Case Payment Totals: **\$951.95**

Claim Payments:

CL2018-1456

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$70.33	Mental Health		11/28/2018-11/28/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-f5a4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$97.74	Mental Health		10/18/2018-10/18/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-14d4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$87.74	Mental Health		10/4/2018-10/4/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-2486

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$87.74	Mental Health		9/4/2018-9/4/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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CL2018-19ad

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$79.63	Mental Health		6/21/2018-6/21/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-1bdd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.74	Mental Health		7/19/2018-7/19/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-4de8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.74	Mental Health		8/30/2018-8/30/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-76f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.74	Mental Health		8/16/2018-8/16/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-7dcd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$89.97	Mental Health		6/27/2018-6/27/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-a77a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.79	Mental Health		8/2/2018-8/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-cf28

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$87.79	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4842

Victim Initials: R.G.

Case Payment Totals: **\$6,840.00**

Claim Payments:

CL2019-2312

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$760.00	Mental Health		1/3/2019-1/3/2019

Payee: **Kaleidoscope Behavioral Health**

04/11/2019	\$760.00	Mental Health		2/27/2019-2/27/2019
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Payee: **Kaleidoscope Behavioral Health**

04/11/2019	\$760.00	Mental Health		1/31/2019-1/31/2019
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Payee: **Kaleidoscope Behavioral Health**

04/11/2019	\$760.00	Mental Health		1/10/2019-1/10/2019
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Payee: **Kaleidoscope Behavioral Health**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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04/11/2019	\$760.00	Mental Health	1/17/2019-1/17/2019
Payee: Kaleidoscope Behavioral Health			

CL2019-B261

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$456.00	Mental Health		1/24/2019-1/24/2019
Payee: Kaleidoscope Behavioral Health				
04/11/2019	\$456.00	Mental Health		12/27/2018-12/27/2018
Payee: Kaleidoscope Behavioral Health				
04/11/2019	\$456.00	Mental Health		10/12/2018-10/12/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-2524

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		12/6/2018-12/6/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-4f77

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		11/14/2018-11/14/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-5d89

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		11/29/2018-11/29/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-a622

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		11/20/2018-11/20/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-b2d6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		12/20/2018-12/20/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-d9b6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$152.00	Mental Health		11/28/2018-11/28/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-242b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$152.00	Mental Health		10/12/2018-10/12/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-99c1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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11/28/2018	\$152.00	Mental Health	10/23/2018-10/23/2018
Payee: Kaleidoscope Behavioral Health			

CL2018-d347

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$152.00	Mental Health		10/16/2018-10/16/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-e787

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$152.00	Mental Health		10/12/2018-10/12/2018
Payee: Kaleidoscope Behavioral Health				

CL2018-ec68

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$152.00	Mental Health		10/24/2018-10/24/2018
Payee: Kaleidoscope Behavioral Health				

Case ID Number: CS2018-4850

Victim Initials: K.H.

Case Payment Totals: **\$1,654.28**

Claim Payments:

CL2019-612C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$348.34	Mental Health		3/4/2019-3/4/2019
Payee: Dakota Children'S Advocacy Center				
04/11/2019	\$348.34	Mental Health		2/14/2019-2/14/2019
Payee: Dakota Children'S Advocacy Center				

CL2019-26DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$174.17	Mental Health		2/4/2019-2/4/2019
Payee: Dakota Children'S Advocacy Center				

CL2019-CF8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$174.17	Mental Health		1/17/2019-1/17/2019
Payee: Dakota Children'S Advocacy Center				

CL2019-02b7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		12/28/2018-12/28/2018
Payee: Dakota Children'S Advocacy Center				

CL2019-0abc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		11/16/2018-11/16/2018
Payee: Dakota Children'S Advocacy Center				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2019-1463

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		10/31/2018-10/31/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-1593

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		11/29/2018-11/29/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-2a7e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		12/20/2018-12/20/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-56bb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		12/3/2018-12/3/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-6184

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$174.17	Mental Health		1/3/2019-1/3/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-b4d1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		11/5/2018-11/5/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-d648

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		10/22/2018-10/22/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-d95c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$43.62	Mental Health		12/12/2018-12/12/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-87b3

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$42.51	Mental Health		10/17/2018-10/17/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-485e

Victim Initials: K.L.

Case Payment Totals: **\$660.64**

Claim Payments:

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2019-10ed

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		9/4/2018-9/4/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-43d8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		10/24/2018-10/24/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-56b9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/7/2018-11/7/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-6981

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/1/2018-11/1/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-6da9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		12/3/2018-12/3/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-c2c7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		10/18/2018-10/18/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-d124

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$81.18	Mental Health		8/30/2018-8/30/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-d175

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/29/2018-11/29/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2018-4958

Victim Initials: I.S.

Case Payment Totals: **\$418.56**

Claim Payments:

CL2018-5d80

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/15/2018	\$418.56	Travel		

Payee: **T.S.**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-49ad

Victim Initials: A.P.

Case Payment Totals: **\$477.20**

Claim Payments:

CL2018-5234

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$477.20	Medical	Hospital or Clinic	9/17/2018-9/17/2018

Payee: **Chi St. Alexius Health**

Case ID Number: CS2018-49ee

Victim Initials: J.P.

Case Payment Totals: **\$863.62**

Claim Payments:

CL2018-695d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$606.36	Medical	Hospital or Clinic	8/19/2018-8/20/2018

Payee: **Trinity Hospital**

CL2018-d0db

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$183.52	Medical	Hospital or Clinic	8/19/2018-8/19/2018

Payee: **Chi St. Alexius Health Willston**

CL2018-d9b9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/17/2018	\$73.74	Medical	Hospital or Clinic	8/19/2018-8/19/2018

Payee: **Trinity Hospital**

Case ID Number: CS2018-4a5b

Victim Initials: Z.B.

Case Payment Totals: **\$1,031.85**

Claim Payments:

CL2019-14c4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$174.17	Mental Health		1/3/2019-1/3/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-f973

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$174.17	Mental Health		12/14/2018-12/14/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-304a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$174.17	Mental Health		11/7/2018-11/7/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

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CL2019-998d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$174.17	Mental Health		12/6/2018-12/6/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-a251

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$161.00	Mental Health		10/25/2018-10/25/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-d0ca

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/02/2019	\$174.17	Mental Health		10/30/2018-10/30/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: **CS2018-4a97**

Victim Initials: **D.I.**

Case Payment Totals: **\$329.03**

Claim Payments:

CL2018-53e7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$30.45	Mental Health		4/10/2018-4/10/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-adf1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$141.22	Mental Health		3/29/2018-3/29/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-d81a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$29.54	Mental Health		4/26/2018-4/26/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-2ffc

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$29.54	Mental Health		5/29/2018-5/29/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-4120

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$32.76	Mental Health		6/6/2018-6/6/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-d77c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$32.76	Mental Health		5/9/2018-5/9/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:00:55AM

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CL2018-eb43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$32.76	Mental Health		5/23/2018-5/23/2018
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2018-4ac6

Victim Initials: E.W.

Case Payment Totals: **\$296.00**

Claim Payments:

CL2018-bc6b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$88.00	Mental Health		12/1/2018-12/1/2018
Payee: Playfully You				

CL2018-86bd

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/21/2018	\$120.00	Mental Health		11/17/2018-11/17/2018
Payee: Playfully You				

CL2018-ec4f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/21/2018	\$88.00	Mental Health		11/3/2018-11/3/2018
Payee: Playfully You				

Case ID Number: CS2018-4ace

Victim Initials: S.S.

Case Payment Totals: **\$118.34**

Claim Payments:

CL2018-ab2f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$118.34	Medical	Hospital or Clinic	7/29/2018-7/29/2018
Payee: Mckenzie County Ambulance Services				

Case ID Number: CS2018-4b4e

Victim Initials: A.B.

Case Payment Totals: **\$984.68**

Claim Payments:

CL2019-38f0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$174.17	Mental Health		12/6/2018-12/6/2018
Payee: Dakota Children'S Advocacy Center				

CL2019-f51d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$174.17	Mental Health		10/3/2018-10/3/2018
Payee: Dakota Children'S Advocacy Center				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2019-05a0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$174.17	Mental Health		11/21/2018-11/21/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-c314

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/27/2018	\$174.17	Mental Health		10/16/2018-10/16/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-6d03

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$288.00	Medical	Hospital or Clinic	8/14/2018-8/14/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: **CS2018-4c48**

Victim Initials: **M.H.**

Case Payment Totals: **\$1,571.30**

Claim Payments:

CL2019-3088

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$45.79	Mental Health		2/26/2019-2/26/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-3BD6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$3.62	Mental Health		1/16/2019-1/16/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-7029

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$3.62	Mental Health		2/6/2019-2/6/2019

Payee: **Dakota Children'S Advocacy Center**

CL2019-095d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		10/4/2018-10/4/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-18f1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		9/5/2018-9/5/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-2b32

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/14/2018-11/14/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

CL2019-362f

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.14	Mental Health		11/8/2018-11/8/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-69b2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$515.53	Travel		

Payee: **J.H.**

CL2019-7c02

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$79.06	Mental Health		11/2/2018-11/2/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-be23

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		9/26/2018-9/26/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-ec4c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$87.74	Mental Health		8/27/2018-8/27/2018

Payee: **Dakota Children'S Advocacy Center**

CL2019-7fa2

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/14/2019	\$156.75	Mental Health		1/3/2019-1/3/2019

Payee: **Dakota Children'S Advocacy Center**

CL2018-b064

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$257.77	Travel		

Payee: **J.H.**

Case ID Number: CS2018-4c6a

Victim Initials: B.L.

Case Payment Totals: **\$1,320.67**

Claim Payments:

CL2018-50e6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/16/2018	\$87.74	Mental Health		10/3/2018-10/3/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-8276

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/16/2018	\$79.07	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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CL2018-aa8e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/16/2018	\$87.74	Mental Health		9/19/2018-9/19/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-1979

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$147.70	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-3086

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$147.70	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-55f1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$104.50	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-871e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$147.70	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-a38b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$74.08	Mental Health		8/10/2018-8/10/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-a655

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$104.50	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-b815

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$104.50	Mental Health		8/9/2018-8/9/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-bc20

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/15/2018	\$147.70	Mental Health		8/10/2018-8/10/2018

Payee: **Dakota Children'S Advocacy Center**

CL2018-e90c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/13/2018	\$87.74	Mental Health		10/17/2018-10/17/2018

Payee: **Dakota Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-4cbf

Victim Initials: K.N.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-89ba

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$288.00	Medical	Hospital or Clinic	10/1/2018-10/1/2018
Payee: Northern Plains Children'S Advocacy Center				

Case ID Number: CS2018-4cd4

Victim Initials: E.B.

Case Payment Totals: **\$432.00**

Claim Payments:

CL2019-B3E8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$48.00	Mental Health		3/7/2019-3/7/2019
Payee: Soul Survivor				
04/11/2019	\$48.00	Mental Health		2/5/2019-2/5/2019
Payee: Soul Survivor				

CL2019-91AD

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
02/28/2019	\$48.00	Mental Health		1/7/2019-1/7/2019
Payee: Soul Survivor				
02/28/2019	\$48.00	Mental Health		1/16/2019-1/16/2019
Payee: Soul Survivor				

CL2019-040b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		12/17/2018-12/17/2018
Payee: Soul Survivor				

CL2019-56a6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		10/11/2018-10/11/2018
Payee: Soul Survivor				

CL2019-866c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		10/23/2018-10/23/2018
Payee: Soul Survivor				

CL2019-a1de

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		10/30/2018-10/30/2018
Payee: Soul Survivor				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2019-b355

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		11/20/2018-11/20/2018

Payee: **Soul Survivor**

CL2019-b391

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		10/4/2018-10/4/2018

Payee: **Soul Survivor**

CL2019-bbd9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		9/17/2018-9/17/2018

Payee: **Soul Survivor**

CL2019-d135

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		11/12/2018-11/12/2018

Payee: **Soul Survivor**

CL2019-da35

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		12/5/2018-12/5/2018

Payee: **Soul Survivor**

CL2019-e2b6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/15/2019	\$24.00	Mental Health		12/31/2018-12/31/2018

Payee: **Soul Survivor**

Case ID Number: CS2018-4d1e

Victim Initials: J.P.

Case Payment Totals: **\$2,050.00**

Claim Payments:

CL2018-4e22

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/20/2018	\$2,050.00	Funeral		

Payee: **M.P.**

Case ID Number: CS2018-4d3f

Victim Initials: G.P.

Case Payment Totals: **\$132.00**

Claim Payments:

CL2018-6a53

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/26/2018	\$132.00	Medical	Hospital or Clinic	10/25/2018-10/25/2018

Payee: **Trinity Hospital**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2018-4d42

Victim Initials: K.K.

Case Payment Totals: **\$2,513.16**

Claim Payments:

CL2019-3F3A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$20.00	Medical	Hospital or Clinic	1/25/2019-1/25/2019
Payee: Mid Dakota Clinic				

CL2018-f225

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$895.39	Medical	Hospital or Clinic	11/2/2018-11/2/2018
Payee: Mid Dakota Clinic				
12/07/2018	\$895.39	Medical	Hospital or Clinic	10/26/2018-10/26/2018
Payee: Mid Dakota Clinic				

CL2018-3b12

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$42.50	Medical	Chiropractic or Massage	9/19/2018-9/19/2018
Payee: Peters Chiropractic				

CL2018-53f6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$139.20	Medical	Hospital or Clinic	10/2/2018-10/2/2018
Payee: Community Action Partnership- Family Planning				

CL2018-69ff

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$25.00	Medical	Hospital or Clinic	9/27/2018-9/27/2018
Payee: K.K.				

CL2018-7231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$402.08	Medical	Hospital or Clinic	9/13/2018-9/13/2018
Payee: Mid Dakota Clinic				

CL2018-8857

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$25.60	Medical	Chiropractic or Massage	9/24/2018-9/24/2018
Payee: Peters Chiropractic				

CL2018-c081

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$42.40	Medical	Chiropractic or Massage	9/4/2018-9/4/2018
Payee: Peters Chiropractic				

CL2018-f14e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

11/28/2018	\$25.60	Medical	Chiropractic or Massage	9/21/2018-9/21/2018
Payee: Peters Chiropractic				

Case ID Number: CS2018-4d98

Victim Initials: M.S.

Case Payment Totals: **\$1,840.00**

Claim Payments:

CL2018-29b4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$160.00	Mental Health		11/15/2018-11/15/2018
Payee: Summit Counseling				

CL2018-5ae6

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$160.00	Mental Health		11/27/2018-11/27/2018
Payee: Summit Counseling				

CL2018-d016

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$160.00	Mental Health		11/9/2018-11/9/2018
Payee: Summit Counseling				

CL2018-7aee

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$240.00	Mental Health		10/12/2018-10/12/2018
Payee: Summit Counseling				

CL2018-bf06

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$160.00	Mental Health		9/25/2018-9/25/2018
Payee: Summit Counseling				

CL2018-c231

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$160.00	Mental Health		10/8/2018-10/8/2018
Payee: Summit Counseling				

CL2018-e93c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$160.00	Mental Health		9/17/2018-9/17/2018
Payee: Summit Counseling				

CL2018-b813

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/04/2018	\$160.00	Mental Health		9/6/2018-9/6/2018
Payee: Summit Counseling				

CL2018-5ca8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

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Document can be searched by clicking **CTRL+F**, then entering text to search.

08/31/2018	\$160.00	Mental Health	8/1/2018-8/1/2018
Payee: Summit Counseling			

CL2018-b4b7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$160.00	Mental Health		8/16/2018-8/16/2018
Payee: Summit Counseling				

CL2018-bac1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$160.00	Mental Health		8/8/2018-8/8/2018
Payee: Summit Counseling				

Case ID Number: CS2018-4d9d

Victim Initials: A.M.

Case Payment Totals: **\$6,891.37**

Claim Payments:

CL2018-9e63

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/16/2018	\$6,891.37	Medical	Hospital or Clinic	6/6/2018-6/6/2018
Payee: Sanford Health				

Case ID Number: CS2018-4eda

Victim Initials: T.S.

Case Payment Totals: **\$340.00**

Claim Payments:

CL2018-254d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$200.00	Mental Health		8/2/2018-8/2/2018
Payee: Summit Counseling				

CL2018-ce2c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$140.00	Mental Health		11/1/2018-11/1/2018
Payee: Summit Counseling				

Case ID Number: CS2018-4ee7

Victim Initials: K.C.

Case Payment Totals: **\$4,827.46**

Claim Payments:

CL2019-1881

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$438.86	Mental Health		7/24/2018-7/24/2018
Payee: Creative Therapy				
04/12/2019	\$438.86	Mental Health		9/13/2018-9/13/2018
Payee: Creative Therapy				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019
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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

04/12/2019	\$438.86	Mental Health	9/20/2018-9/20/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	10/11/2018-10/11/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	8/22/2018-8/22/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	9/26/2018-9/26/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	8/6/2018-8/6/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	9/4/2018-9/4/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	8/14/2018-8/14/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	7/18/2018-7/18/2018
Payee: Creative Therapy			
04/12/2019	\$438.86	Mental Health	11/7/2018-11/7/2018
Payee: Creative Therapy			

Case ID Number: CS2018-4f1e

Victim Initials: D.M.

Case Payment Totals: **\$5,000.00**

Claim Payments:

CL2018-5ddb

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/09/2018	\$5,000.00	Funeral		
Payee: Nero Funeral Home				

Case ID Number: CS2018-4f39

Victim Initials: A.L.

Case Payment Totals: **\$12,686.80**

Claim Payments:

CL2018-cc30

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$705.60	Medical	Hospital or Clinic	9/7/2018-9/7/2018
Payee: Mid Dakota Clinic				

CL2018-0af8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/29/2018	\$11,981.20	Medical	Hospital or Clinic	9/7/2018-9/8/2018
Payee: Chi St. Alexius Health				

Case ID Number: CS2018-4f70

Victim Initials: K.V.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2018-a70c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

06/11/2018 **\$288.00** Medical Hospital or Clinic 4/10/2018-4/10/2018
Payee: **Northern Plains Children'S Advocacy Center**

Case ID Number: CS2018-4f7b

Victim Initials: A.N.

Case Payment Totals: **\$674.40**

Claim Payments:

CL2018-859c

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
11/28/2018	\$224.80	Mental Health		11/19/2018-11/19/2018

Payee: **Decoteau Trauma-Informed Care & Practice, Plcc**

CL2018-0cb1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$224.80	Mental Health		8/27/2018-8/27/2018

Payee: **Decoteau Trauma-Informed Care & Practice, Plcc**

CL2018-4a07

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
08/31/2018	\$224.80	Mental Health		8/6/2018-8/6/2018

Payee: **Decoteau Trauma-Informed Care & Practice, Plcc**

Case ID Number: CS2018-4f9e

Victim Initials: L.B.

Case Payment Totals: **\$1,019.60**

Claim Payments:

CL2018-1347

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/10/2018	\$818.00	Medical	Dental	4/26/2018-6/25/2018

Payee: **L.B.**

CL2018-6a57

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
10/31/2018	\$201.60	Medical	Hospital or Clinic	4/26/2018-4/26/2018

Payee: **Chi St. Alexius Health**

Case ID Number: CS2018-4fc7

Victim Initials: G.K.

Case Payment Totals: **\$253.29**

Claim Payments:

CL2018-1c6d

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
12/07/2018	\$219.00	Medical	Hospital or Clinic	7/20/2018-7/20/2018

Payee: **G.K.**

CL2018-7e1b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

11/09/2018 **\$34.29** Medical Hospital or Clinic 7/10/2018-8/8/2018
Payee: **Altru Health System**

Case ID Number: CS2019-1AB3

Victim Initials: E.C.

Case Payment Totals: **\$2,672.00**

Claim Payments:

CL2019-085E

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$128.00	Mental Health		3/31/2019-3/31/2019
Payee: Northern Plains Children'S Advocacy Center				

CL2019-E1DA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	1/7/2019-1/7/2019
Payee: Northern Plains Children'S Advocacy Center				

CL2019-182D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$564.00	Mental Health		1/20/2019-1/20/2019
Payee: Northern Plains Children'S Advocacy Center				
03/13/2019	\$564.00	Mental Health		1/26/2019-1/26/2019
Payee: Northern Plains Children'S Advocacy Center				
03/13/2019	\$564.00	Mental Health		2/9/2019-2/9/2019
Payee: Northern Plains Children'S Advocacy Center				
03/13/2019	\$564.00	Mental Health		2/7/2019-2/7/2019
Payee: Northern Plains Children'S Advocacy Center				

Case ID Number: CS2019-36C7

Victim Initials: A.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-A38A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$288.00	Mental Health		12/18/2018-12/18/2018
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2019-4193

Victim Initials: S.B.

Case Payment Totals: **\$251.63**

Claim Payments:

CL2019-03c8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/23/2019	\$251.63	Medical	Prescription	2/19/2018-2/19/2018
Payee: S.B.				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2019-41FD

Victim Initials: E.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-6044

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$288.00	Mental Health		1/8/2019-1/8/2019

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-4412

Victim Initials: A.M.

Case Payment Totals: **\$890.40**

Claim Payments:

CL2019-C6D9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$890.40	Medical	Hospital or Clinic	8/31/2018-8/31/2018

Payee: **Dickinson Area Ambulance**

Case ID Number: CS2019-44E6

Victim Initials: R.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-588C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	2/21/2019-2/21/2019

Payee: **Northern Plains Children'S Advocacy Center**

Case ID Number: CS2019-4629

Victim Initials: M.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-D405

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	12/20/2018-12/20/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-4641

Victim Initials: L.M.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-53E1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	1/14/2019-1/14/2019

Payee: **Northern Plains Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

Case ID Number: CS2019-472b

Victim Initials: S.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-0a9e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$288.00	Mental Health		12/17/2018-12/17/2018

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-4998

Victim Initials: T.M.

Case Payment Totals: **\$2,821.60**

Claim Payments:

CL2019-3160

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/22/2019	\$232.80	Medical	Hospital or Clinic	12/1/2018-12/1/2018

Payee: **Mercy Radiology Services**

CL2019-617b

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/22/2019	\$364.80	Medical	Hospital or Clinic	12/1/2018-12/1/2018

Payee: **Mercy Hospital Physicians**

CL2019-c78e

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/22/2019	\$2,224.00	Medical	Hospital or Clinic	12/1/2018-12/1/2018

Payee: **Mercy Medical Center**

Case ID Number: CS2019-4d58

Victim Initials: D.D.

Case Payment Totals: **\$3,696.00**

Claim Payments:

CL2019-C570

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$256.00	Mental Health		3/11/2019-3/11/2019
04/11/2019	\$256.00	Mental Health		3/26/2019-3/26/2019

Payee: **Northern Plains Children'S Advocacy Center**

Payee: **Northern Plains Children'S Advocacy Center**

CL2019-0AE7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$256.00	Mental Health		2/25/2019-2/25/2019
03/13/2019	\$256.00	Mental Health		3/4/2019-3/4/2019

Payee: **Northern Plains Children'S Advocacy Center**

Payee: **Northern Plains Children'S Advocacy Center**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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CL2019-0F13

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$128.00	Mental Health		2/17/2019-2/17/2019
Payee: Northern Plains Children'S Advocacy Center				

CL2019-CC9D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$564.00	Mental Health		1/26/2019-1/26/2019
Payee: Northern Plains Children'S Advocacy Center				
03/01/2019	\$564.00	Mental Health		1/19/2019-1/19/2019
Payee: Northern Plains Children'S Advocacy Center				
03/01/2019	\$564.00	Mental Health		1/11/2019-1/11/2019
Payee: Northern Plains Children'S Advocacy Center				
03/01/2019	\$564.00	Mental Health		2/10/2019-2/10/2019
Payee: Northern Plains Children'S Advocacy Center				

CL2019-db5a

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
01/30/2019	\$288.00	Mental Health		12/26/2018-12/26/2018
Payee: Northern Plains Children'S Advocacy Center				

Case ID Number: CS2019-4E91

Victim Initials: M.D.

Case Payment Totals: \$288.00

Claim Payments:

CL2019-D600

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	2/19/2019-2/19/2019
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2019-4e9e

Victim Initials: S.N.

Case Payment Totals: \$156.75

Claim Payments:

CL2019-60B1

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$156.75	Mental Health		1/23/2019-1/23/2019
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2019-4f18

Victim Initials: G.L.

Case Payment Totals: \$114,768.00

Claim Payments:

CL2019-3411

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/15/2019	\$4,555.00	Mental Health		12/20/2018-12/20/2018
Payee: M.L.				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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04/15/2019	\$4,555.00	Mental Health	7/17/2018-7/17/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	3/13/2018-3/13/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	5/22/2018-5/22/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	6/5/2018-6/5/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	6/26/2018-6/26/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	8/29/2018-8/29/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	3/20/2018-3/20/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	9/26/2018-9/26/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	6/19/2018-6/19/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	10/3/2018-10/3/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	9/12/2018-9/12/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	5/15/2018-5/15/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	4/10/2018-4/10/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	10/24/2018-10/24/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	9/5/2018-9/5/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	7/31/2018-7/31/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	7/3/2018-7/3/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	12/6/2018-12/6/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	7/24/2018-7/24/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	11/29/2018-11/29/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	8/7/2018-8/7/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	3/27/2018-3/27/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	4/24/2018-4/24/2018
Payee: M.L.			
04/15/2019	\$4,555.00	Mental Health	5/8/2018-5/8/2018
Payee: M.L.			

CL2019-734F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/15/2019	\$405.00	Medical	Hospital or Clinic	2/22/2018-2/22/2018
Payee: M.L.				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

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CL2019-C59F

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/15/2019	\$488.00	Medical	Hospital or Clinic	3/8/2018-3/8/2018

Payee: M.L.

Case ID Number: CS2019-53CC

Victim Initials: J.J.

Case Payment Totals: \$1,005.75

Claim Payments:

CL2019-C0AF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$929.89	Medical	Hospital or Clinic	6/6/2018-6/6/2018

Payee: Chi St. Alexius Health

CL2019-DF60

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$75.86	Medical	Hospital or Clinic	6/6/2018-6/6/2018

Payee: Barnes County Ambulance, Inc

Case ID Number: CS2019-73EF

Victim Initials: B.W.

Case Payment Totals: \$971.51

Claim Payments:

CL2019-9715

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$174.17	Mental Health		3/21/2019-3/21/2019

Payee: Dakota Children'S Advocacy Center

CL2019-E85D

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$174.17	Mental Health		3/7/2019-3/7/2019

Payee: Dakota Children'S Advocacy Center

CL2019-511A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$288.00	Mental Health		2/6/2019-2/6/2019

Payee: Dakota Children'S Advocacy Center

CL2019-A3CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$174.17	Mental Health		2/26/2019-2/26/2019

Payee: Dakota Children'S Advocacy Center

CL2019-D7FF

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$161.00	Mental Health		2/13/2019-2/13/2019

Payee: Dakota Children'S Advocacy Center

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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Case ID Number: CS2019-75CD

Victim Initials: A.D.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-B9E9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$288.00	Mental Health		1/15/2019-1/15/2019
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2019-84B2

Victim Initials: S.P.

Case Payment Totals: **\$3,917.60**

Claim Payments:

CL2019-59CE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/15/2019	\$279.20	Mental Health		9/14/2018-9/14/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		9/25/2018-9/25/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		9/7/2018-9/7/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		11/7/2018-11/7/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		11/15/2018-11/15/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		10/17/2018-10/17/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		10/29/2018-10/29/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		1/2/2019-1/2/2019
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		11/29/2018-11/29/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		11/21/2018-11/21/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		10/10/2018-10/10/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		10/3/2018-10/3/2018
Payee: The Kids Therapy Center, Llc				
04/15/2019	\$279.20	Mental Health		10/31/2018-10/31/2018
Payee: The Kids Therapy Center, Llc				

CL2019-A6A9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$288.00	Mental Health		10/30/2018-10/30/2018
Payee: Dakota Children'S Advocacy Center				

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

04/24/2019

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Case ID Number: CS2019-853A

Victim Initials: S.W.

Case Payment Totals: **\$1,693.20**

Claim Payments:

CL2019-0FEE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$1,693.20	Medical	Hospital or Clinic	11/11/2018-11/11/2018

Payee: **Altru Health System**

Case ID Number: CS2019-941E

Victim Initials: M.B.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-3E8C

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	1/9/2019-1/9/2019

Payee: **Northern Plains Children'S Advocacy Center**

Case ID Number: CS2019-A355

Victim Initials: H.O.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-5559

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$288.00	Mental Health		1/9/2019-1/9/2019

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-A717

Victim Initials: M.O.

Case Payment Totals: **\$1,907.18**

Claim Payments:

CL2019-27AE

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/15/2019	\$139.34	Mental Health		2/21/2019-2/21/2019

Payee: **Mary Solberg, Licsw**

CL2019-17B7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$172.00	Mental Health		1/10/2019-1/10/2019

Payee: **Mary Solberg, Licsw**

CL2019-3143

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$156.75	Mental Health		12/20/2018-12/20/2018

Payee: **Mary Solberg, Licsw**

North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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CL2019-3EE9

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$172.00	Mental Health		1/24/2019-1/24/2019
Payee: Mary Solberg, Licsw				

CL2019-52BA

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$139.34	Mental Health		1/3/2019-1/3/2019
Payee: Mary Solberg, Licsw				

CL2019-F7A0

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$156.75	Mental Health		12/27/2018-12/27/2018
Payee: Mary Solberg, Licsw				

CL2019-F893

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$172.00	Mental Health		1/17/2019-1/17/2019
Payee: Mary Solberg, Licsw				

CL2019-FEA4

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$172.00	Mental Health		1/31/2019-1/31/2019
Payee: Mary Solberg, Licsw				

CL2019-9B62

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$313.50	Mental Health		12/27/2018-12/27/2018
Payee: Mary Solberg, Licsw				
03/01/2019	\$313.50	Mental Health		12/20/2018-12/20/2018
Payee: Mary Solberg, Licsw				

Case ID Number: CS2019-B402

Victim Initials: J.P.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-4155

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/01/2019	\$288.00	Mental Health		10/31/2018-10/31/2018
Payee: Dakota Children'S Advocacy Center				

Case ID Number: CS2019-C34A

Victim Initials: E.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-132B

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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03/13/2019 **\$288.00** Mental Health 2/12/2019-2/12/2019
Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-C3F9

Victim Initials: S.S.

Case Payment Totals: **\$468.00**

Claim Payments:

CL2019-14B8

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$180.00	Mental Health		3/15/2019-3/15/2019

Payee: **Northern Plains Children'S Advocacy Center**

CL2019-981A

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	1/14/2019-1/14/2019

Payee: **Northern Plains Children'S Advocacy Center**

Case ID Number: CS2019-C4B6

Victim Initials: O.L.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-5B51

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
03/13/2019	\$288.00	Mental Health		2/12/2019-2/12/2019

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-EEA3

Victim Initials: K.A.

Case Payment Totals: **\$288.00**

Claim Payments:

CL2019-2E43

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/11/2019	\$288.00	Medical	Hospital or Clinic	2/14/2019-2/14/2019

Payee: **Dakota Children'S Advocacy Center**

Case ID Number: CS2019-FC09

Victim Initials: A.R.

Case Payment Totals: **\$678.61**

Claim Payments:

CL2019-4CF7

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
04/12/2019	\$609.26	Medical	Hospital or Clinic	7/28/2018-7/28/2018

Payee: **Trinity Hospital**

CL2019-5704

<u>Approval Date</u>	<u>AmountPaid</u>	<u>Claim Category</u>	<u>Medical Category (if applicable)</u>	<u>Dates of Service (if applicable)</u>
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North Dakota Crime Victims Compensation

Claim Payments: Service Providers & Personal Reimbursements, by Case

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1:00:55AM

NOTE: Upon payment approval, please allow 7-10 business days for processing and check issuance.

Document can be searched by clicking **CTRL+F**, then entering text to search.

04/12/2019	\$69.35	Medical	Hospital or Clinic	7/28/2018-7/28/2018
Payee: Trinity Medical Group				
