South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

DCVC: Physician's Disability Report

PSD26

Department of Crime Victim Compensation (DCVC), Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201● Telephone 803-734-1900
WWW.SOVA.SC.GOV (Click on payment and reimbursement guide under the "For Providers" tab for more information)

Criteria for Lost Wages:

You must meet the four criteria: (1) Employment (2) Missed time from work (3) Reportable income & (4) Disability

Your Treating Physician must complete this form to confirm your inability to work as a direct result of the incident. Your Physician should return this form directly to our office by fax (803) 734-2261 or US mail (see address above). For questions, please contact us at (803) 734-1900.

Legal name of patient affected by the crime:_____

Social Security # (Last 5 digits) _____ Date of Birth ____/ ____/ ____

Date the patient was first seen by you in relation to the crime: ____/____/____

Date of crime related to injury (s): ____/ ____/ ____ (must be completed)

Briefly describe the injury(s) sustained as a direct result of the crime. Please provide diagnosis:_____

_____

Treating Physician must provide a start and end date of the disability period

Patient will be totally unable to work from ____/ ____/ ____ through ____/____/____

Check all that applies in accordance to the patient's physical ability:

May resume work immediately without restrictions_____
May resume work immediately with the following restrictions _____
Patient may return to work at full capacity on (date) ____ /____ / ____
Patient may return to work at partial capacity on (date) ____ /____ / ____
Patient has a return appointment on (date) ____ / ____ / ____

Type or print Treating Physician's name_____Phone (___) _____

Signature of Treating Physician_____ Date _____

Name and Address of Facility _____