KY Claims Commission / KY Crime Victim Compensation
130 Brighton Park Blvd., Frankfort, KY 40601

HIV POST-EXPOSURE SECOND FOLLOW-UP EXAM / TREATMENT BILLING FORM

Patient Name: _____

To be entered by CVCB

CVCB case # _____

Authorized medical personnel administering treatment or service: check box for each service rendered.
Fax completed forms and itemized bills to (502) 782-8255. For information, call: (502)782-8255 / (800) 469-2120

Second Follow-up Exam (Day 13)

Category	Cost Reimbursement	Rendered
Exam	$50	
Labs (CBC, CMP, and pregnancy test	$90	

I certify completion of the above checked category.

_____

Printed Name Signature

_____

Facility (Payee) Address Phone # Federal ID #

KRS 346.200(9) No charge shall be made to the victim for sexual assault examinations by the hospital, the sexual assault examination facility, the physician, the pharmacist or the health department, the sexual assault nurse examiner, the victim's insurance carrier, or the Commonwealth.

I authorize the release of this information to KY Crime Victim Compensation for billing purposes.

_____ _____

Patient Signature Date