

Kentucky Claims Commission / Kentucky Crime Victim Compensation
 500 Mero St., 2SC1, Frankfort, KY 40601

HIV POST-EXPOSURE *THIRD* FOLLOW-UP EXAM / TREATMENT BILLING FORM

To be entered by CVC

CVC case #

Patient Name: _____

Attention authorized medical personnel administering treatment or service: check box for each service rendered.
Fax completed forms and itemized bills to (502) 573-4817. For information, call (502) 782-8255 / (800) 469-2120

Third / Final Follow-up Exam (Day 28)		
Category	Cost Reimbursement	Rendered
Exam	\$50	
Labs (CBC, CMP)	\$75	
I certify completion of the above checked categories.		
Printed Name		Signature
Facility (Payee) Address	Phone #	Federal ID #

KRS 49.490 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 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