

**Kentucky Claims Commission - Crime Victims Compensation
Sexual Assault Exam Program
130 Brighton Park Blvd., Frankfort, KY 40601**

To be entered by CVC
CVC case # _____

SAFE EXAM / TREATMENT BILLING FORM

Patient Name: _____

Patient Account #: _____

Fax completed forms and itemized bills to (502)573-4817. For Information, call (502) 782-8255 / (800) 469-2120

FACILITY INFORMATION

Facility Name: _____ Federal ID #: _____

Address: _____ Phone #: _____

_____ Contact: _____

City State Zip Code

PATIENT INFORMATION

Name: _____ Female _____ Male _____
First Middle Last

Social Security or Govt ID #: _____ Date of Birth: _____ Age: _____
at time of crime

Address: _____
City State Zip Code

Telephone #: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

Insurance: _____ Medicaid: _____ Date of Examination: _____ Time: _____ a.m./p.m.

FEDERAL GOVERNMENT INFORMATION (optional/for statistical use only)

Ethnic Group (Patient) Are you (please check all that apply)
 Caucasian U.S. Citizen Handicap Kentucky Resident
 African American
 American Indian or Alaskan Native Is this a Federal Crime? Yes No
 Hispanic / Latino
 Multiracial
 Asian
 Native Hawaiian / Other Pacific Islander
 Other

SEXUAL ASSAULT INFORMATION

Date of Assault: _____ Time: _____ a.m/p.m.

City: _____ County: _____ State: Kentucky

MEDICAL CERTIFICATION

Failure of the examiner to certify that the forensic sexual assault examination, as set forth in 502 KAR 12:010. Was preformed will result in the denial of your claim.

I hereby certify that the forensic sexual assault examination, as set forth in 502 KAR 12:010. Was performed by me upon the above named patient on: _____, 20____

Physician, SANE, Physician Assistant or Advanced Practice Registered Nurse whose training and/or scope of practice includes performance of genital examination (print name)

License Number

Fax or mail completed form with itemized bill to:

Kentucky Claims Commission/SAFE Exam Program
130 Brighton Park Blvd.
Frankfort, KY 40601

Fax # 502-573-4817

Signature

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, health department, the sexual assault nurse examiner, the victim's insurance carrier or the Commonwealth.

I authorize the release of this information to the Kentucky Claims Commission/ Crime Victims Compensation for billing purposes.

Patient Signature

Date