

## Billing Verification

This form along with the "Verification of Medical Services" form MUST accompany each bill. If these two forms are not attached or not complete, the bill will be mailed back for corrections. The forensic portion of each bill (services specific to evidence collection) will be paid in full. In addition, up to \$150 in medical services (e.g., injury repair, prescriptions, ambulance, etc) will be paid.

An additional payment source exists for a victim who has reported the incident to police. The victim should contact the Crime Victims Reparation Commission at 505-841-9432. If all requirements are met, the unpaid portion of the bill, as well as other related expenses, may be reimbursed by that organization.

The itemized medical expenses indicated in the billing statement and corresponding Verification of Medical Services accurately reflect medical services rendered only for an alleged sexual abuse/assault incident against:

\_\_\_\_\_

(Name of Victim)

\_\_\_\_\_

(Date of Service)

Fiscal Officer: \_\_\_\_\_ Phone \_\_\_\_\_  
(Person doing the billing) (Best number to be reached)

Name of Agency Submitting Bill: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make copies of this form for future billing.** (Electronic copy available upon request at [elleng@swcp.com](mailto:elleng@swcp.com).)

Bills cannot be paid if this form and the Verification of Medical Services are not signed, completed, and attached to the bill. Be sure that all billing officers have copies of the forms, instructions, and the following address to submit the bills.

**SCPTP/NMCSAP  
3909 Juan Tabo NE, Suite 6  
Albuquerque, NM 87111**

**505-883-8020 or outside Albuquerque, 888-883-8020**