

## Verification of Medical Services

This form along with the "Billing Verification" 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.

This is to verify that \_\_\_\_\_ was provided  
(Name of Victim)

medical and forensic treatment on \_\_\_\_\_ as a result of  
(Date of Service)

an alleged sexual abuse/assault incident.

**Examiner's Signature (SANE/NP/MD/PA):** \_\_\_\_\_  
(If your agency bills for an exam performed by a non-MD and an MD signs this form, your agency will have committed fraud.)

**Examiner's Printed Name:** \_\_\_\_\_

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

**At:** \_\_\_\_\_  
(Name of Hospital/Facility) (Town or City where services were provided)

**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 Billing Verification 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**