

**Office of the Attorney General
Victims' Compensation Board
Gross Sexual Assault Forensic Examination Claim Form**

Instructions to Providers and Facilities

Please fill in the blanks. If the information is unknown, please write "unknown" in the blank.
Attach itemized and CPT-coded bills, and submit within **60 days** of examination to:

**Office of the Attorney General
Victims' Compensation Board
State House Station #6
Augusta, ME 04333-0006**

For more information, call (207) 624-7882, Fax (207) 624-7730, website www.maine.gov/ag/

Sections 1, 2, 3 & 5 to be completed by Physician, Examiner or other Provider

Section 1: Victim Information and Kit #

Kit Number (attach sticker from kit here)

Victim Tracking Number (e.g. Medical Record or Account #) _____

Date of Birth ____/____/____ Gender: Female _____ Male _____

Section 2: Attending Medical Provider's Attestation of Treatment

Brief description of exam, treatment and tests. (Please also complete list in Section five.)

MD/DO/NP/PA signature _____ Date ____/____/____

Name and title printed _____

RN or other health care professional performing sexual assault exam, print name and title:

Year SAFE training completed: _____

Emergency Dept. Contact _____ Telephone _____

Section 3: Crime Information

Law Enforcement agency (receiving kit) _____

Investigating officer (if known) _____

Date and time of Assault ____/____/____ at _____ a.m./p.m.

Was report made to law enforcement? _____ When? ____/____/____

Location of Crime _____
Town/city County

Section 4: Hospital/Facility -- Billing, Coding, and Records staff

Facility Name _____

Vendor Code Number _____ Date of Forensic Exam ____/____/____

Mailing address _____

Billing Dept. Contact Person _____ Telephone _____

SECTION 5: EMERGENCY DEPT. STAFF CHECK OFF SERVICES PROVIDED, BELOW. NAME AND MATCH MEDICATIONS TO CONDITIONS TREATED.

Please provide the victim with the Victims' Compensation brochure/application contained in this kit. The victim may have costs or losses in addition to the forensic examination. See instructions.

Forensic Examination Billed Service Performed:



Comments on treatment, below

E.R. Physician or other professional fee		
Emergency room, clinic, or office room fees		
Pelvic Tray / Supplies		
Laboratory:		
Pregnancy testing (serum or urine)		
Urinalysis		
As current protocol provides, in most cases, for treating rather than testing for conditions, please list and explain the reasons for any testing in addition to the above:		
Pregnancy Prophylaxis		
Medications:		(Give name and match with conditions treated)
Prophylaxis		
Trichomoniasis		
Bacterial vaginosis		
Chlamydia		
Gonorrhea		
Hepatitis		
Tetanus (wound) (Td or Tdap, please specify)		
HIV		
Other		
Sedative		
Anti-emetic		
Analgesic		
Other Amounts		
(Written explanation and justification required for consideration)		

Billing, Coding, and Records staff:

Send an itemized bill, which identifies each billable procedure, service, supply, and medication individually, and include the accompanying CPT codes on the itemization or a separate statement.

The Victims' Compensation Board shall pay the actual cost of a forensic examination for an alleged victim of gross sexual assault, up to a maximum of \$750. Payment made to the provider by the Board for the forensic examination conducted for the purpose of gathering evidence or for testing and medications prescribed as a result of the sexual assault shall be considered by the provider as payment in full. The provider may not bill the victim, any insurer, or other third party for any account balance for forensic examination charges. The provider may bill the victim or victim's insurer for charges determined by the Victims' Compensation Board to be outside the scope of the initial forensic examination.