

**Sexual Assault Forensic Examination Program
Fast Track Reimbursement Form
Utah Office for Victims of Crime**

Victim Name: _____

Victim Date of Birth: _____

Victim Address: _____

Victim Telephone Number: _____

Victim Medical Insurance Provider: _____ Policy Number: _____

Law Enforcement Agency: _____

Law Enforcement Case Number: _____ Crime Date: _____

Date of Service: _____

Service Provider Name and Address: _____

A copy of the itemized billing including current procedural codes, along with this form, must be submitted within one year of the examination. Please consider all other collateral sources before submitting a request for payment to UOVC. The director can make exceptions in extenuating circumstance cases. Submit to:

Utah Office for Victims of Crime
350 East 500 South Suite 200
Salt Lake City, Utah 84111
Fax: (801)533-4127
Email: crimevictims@utah.gov

PLEASE NOTE:

Reimbursement can be made only if the Sexual Assault Examination was reported to law enforcement. Please make every effort to provide the law enforcement case number. This form must be signed by the law enforcement officer, a victim/witness coordinator or the medical provider if the law enforcement case number is not available.

I hereby certify that the above-named victim received a sexual assault forensic examination performed by the provider listed above.

Signature: _____

Date: _____

Title: _____