

SEXUAL BATTERY FORENSIC EXAMINATION CLAIM FORM



INSTRUCTIONS: To qualify for payment of medical expenses associated with the collection of forensic evidence following a sexual battery as defined by 794.011 (h), Fla. Stat., or lewd or lascivious battery or molestation as defined by 800.04 (4) or (5), Fla. Stat., the provider must submit a claim form with accompanying itemized bill to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050, or transmitted by facsimile to (850) 414-6197 or (850) 414-5779, or emailed to VCIntake@MyFloridaLegal.com. The claim form and invoice must be received by the department within 120 days immediately following the initial forensic physical examination. Failure to submit a properly completed claim form and invoice will result in denial of benefits.

SECTION ONE: VICTIM AND CRIME INFORMATION

To be completed by the forensic examiner based on information provided by the victim. (please print)

1. Victim's Name (last, first, middle): _____
DATE OF BIRTH, RACE, GENDER, AND NATIONAL ORIGIN ARE COLLECTED FOR FEDERAL REPORTING PURPOSES AND ARE OPTIONAL.
2. Date of Birth: ____/____/____
3. Race: (self identified - check one) American Indian/Alaska Native Asian Black/African American
 Hispanic or Latino White Non-Latino/Caucasian Multiple Races
 Other: (please specify) _____
4. Gender: (self identified - check one) Male Female
5. National Origin: (please specify) _____
6. Crime Location: (Please specify the city, county, and state where the crime occurred.)
City: _____ County: _____ State: _____
7. Did the crime occur while the victim was incarcerated or in custody? (check one) Yes No
8. Has the victim contacted law enforcement? (check one) Yes No (*If no, skip to section two below*)
9. Law Enforcement Agency: _____
10. Case/Report Number: _____

SECTION TWO: FORENSIC EXAM / EXAMINER INFORMATION

To be completed by the forensic examiner qualified to perform the forensic examination. (please print)

11. Date the initial forensic physical examination was completed: _____
 12. Name of Examiner: _____
 13. Title: _____
 14. License Number: _____
- BY SIGNING, I AFFIRM AND THEREBY CERTIFY THAT THE INITIAL FORENSIC PHYSICAL EXAMINATION FOR WHICH THIS CLAIM IS BASED WAS PERFORMED FOR THE PURPOSE OF COLLECTING FORENSIC EVIDENCE FROM THE VICTIM ON THE DATE IDENTIFIED USING PRACTICES CONSISTENT WITH THE ESTABLISHED ADULT AND CHILD SEXUAL ASSAULT PROTOCOLS.**
15. Examiner's Signature: _____
 16. Date: _____

SECTION THREE: FACILITY / WITNESS INFORMATION

To be completed by the witness employed by the facility where the forensic examination was completed. (please print)

17. Facility Name: _____
 18. Federal Tax Identification Number: _____
 19. Mailing Address: _____
 - City: _____ State: _____ Zip Code: _____
 20. Email Address: _____
 21. Telephone Number: (_____) _____
 22. Name of Witness: _____
 23. Was the witness present at the facility at the time of the examination? (check one) Yes No
- BY SIGNING, I ATTEST TO THE FACT THAT THE INITIAL FORENSIC PHYSICAL EXAMINATION WAS PERFORMED ON THE VICTIM AT THE LOCATION IDENTIFIED IN THIS SECTION.**
24. Witness's Signature: _____
 25. Date: _____

To be considered for payment, this claim form must be accompanied by an itemized invoice prepared using industry standard forms or on the provider's letterhead. The invoice must include the facility name, address, and tax identification number; the date of the examination, the victim's name; examination diagnostic codes for observation following alleged rape or seduction (V71.5), encounter for examination and observation following alleged rape (Z044), encounter for examination and observation following alleged adult rape (Z0441), or encounter for examination and observation following alleged child rape (Z0442); and one or more of the following procedure codes: Certified or board-eligible healthcare examiner's office or other outpatient services; Emergency department services; Use of medical facility for the collection of forensic physical evidence; Venipuncture for the collection of blood samples; Laboratory tests for baseline sexually transmitted disease and pregnancy; or Forensic evidence collection kit. Only medical expenses connected with the initial forensic physical examination shall be considered. Payment is not contingent on health or disability insurance, participation in the criminal justice system, or cooperation with law enforcement officials. Chapter 960.28, Fla. Stat., provides that "Payment made to the medical provider by the department shall be considered by the provider as payment in full for the initial forensic physical examination associated with the collection of evidence. The victim may not be required to pay, directly or indirectly, the cost of an initial forensic physical examination performed in accordance with this section."