



STATE OF TENNESSEE  
 TREASURY DEPARTMENT  
 Criminal Injuries Compensation Fund  
 502 Deaderick Street  
 Nashville, TN 37243-0202  
 615- 741-2734 (phone) / 615-532-4979 (fax)  
[www.treasury.tn.gov/injury](http://www.treasury.tn.gov/injury)



## SEXUAL ASSAULT FORENSIC EXAMINATION PAYMENT

This is to be submitted with an itemized bill (or UB-92 or UB-04 form). This form and the bill need to be submitted to the Division of Claims Administration for payment by the Criminal Injuries Compensation Fund subject to the guidelines on the reverse side of this document. **Pursuant to *Tennessee Code Annotated, Section 29-13-118*, the facility cannot bill the patient directly, and any sum paid by the Criminal Injuries Compensation Fund must be considered payment in full. The facility cannot bill the balance to the patient.**

If you have questions, please contact the Division of Claims Administration at (615) 741-2734.

Patient's Full Name: _____			
(Last)	(First)	(Middle)	
Patient's Date of Birth: _____		Patient's SSN: _____ / _____ / _____	
(month / day / year)			
Patient's Address: _____			
(Street)	(City)	(State)	(Zip Code)
Date of Assault: _____		Crime Location: _____	
(month / day / year)		(City), (State, required)	

Date of Forensic Exam: \_\_\_\_\_  
 (month / day / year)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Facility's Federal Tax ID Number: \_\_\_\_\_

Billing Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# PROCEDURES FOR PAYMENT OF SEXUAL ASSAULT FORENSIC EXAMINATIONS

*Tennessee Code Annotated*, Section 29-13-118 provides that victims of certain sexually-oriented crimes shall be entitled to forensic medical examinations without charge. No bill shall be submitted to a victim. All claims for forensic medical examinations are eligible for payment from the Criminal Injuries Compensation Fund. This may include services provided for a sexually-oriented crime by any medical facility, Sexual Assault Nurse Examiner (SANE) program, child advocacy center, or rape crisis center. Services may include those directly related to the collection of forensic materials for evidentiary purposes. Examination expenses may include emergency department, SANE, or physician fee; collection of specimens; lab work; medical examination for sexual trauma; or other necessary forensic-related treatment.

## Guidelines and Procedures

- ◆ Do not bill the patient/victim. The facility shall bill the Criminal Injuries Compensation Fund.
- ◆ This pertains to persons of sexually-oriented crimes under *Tennessee Code Annotated*, Sections 39-13-502—39-13-506, 39-13-522, 39-13-531, 39-13-532, and 39-13-527 that occurred on or after July 1, 2007. This may include an exam for a crime occurring in Tennessee whether or not it is performed for a Tennessee resident. Payments for exams arising from crimes occurring outside Tennessee cannot be considered if that state has a forensic exam payment program which would pay any part of the expense.
- ◆ The facility must provide an itemized bill (or UB-92 or UB-04 form with proper coding) and the Sexual Assault Forensic Examination Reimbursement Form on the reverse of this document. These items must be legible and complete for consideration.
- ◆ The Division of Claims Administration may request clarifying information from the facility if required for payment of the bill, or may return incomplete documents.
- ◆ In accordance with *Tennessee Code Annotated*, Section 29-13-118, the amount reimbursed by the Division/Fund must be accepted as payment in full. The facility cannot bill the patient a balance, for any reason.
- ◆ The maximum available for all such examination-related expenses is \$750.
- ◆ Although the person may elect to report the crime, a report to law enforcement or cooperation with the prosecution is not required for payment of the exam.
- ◆ The documents must be submitted to the Division of Claims Administration within one (1) year of the date of the exam. Payment shall be rendered within ninety (90) days of receipt of request.
- ◆ Medical treatment for injury may be billed separately and directly to a patient/victim, who then may file a claim for Criminal Injuries Compensation. The procedures set forth in this document pertain only to forensic exam costs.

### **Submit itemized bill and the form (on the reverse) to:**

Tennessee Treasury Department  
Criminal Injuries Compensation Fund  
SAFE Reimbursement  
Division of Claims Administration  
502 Deaderick Street  
Nashville, TN 37243-0202

### **Questions? Phone Monday - Friday:**

(615) 741-2734  
8:00 a.m. - 4:30 p.m., Central Time