

**COLORADO DIVISION OF CRIMINAL JUSTICE
MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM**

Please complete this form and the consent form in its entirety. Both documents should be provided to your billing department. Completed forms and billing can be mailed or emailed to the address below:

DIVISION OF CRIMINAL JUSTICE	
ATTN: SAVE PROGRAM	Phone: (303)239-5714
700 Kipling St., Ste. 1000	Cell: (303)913-0009
Denver, CO 80215	Email: Jill.Nore@state.co.us

VICTIM INFORMATION (only used for billing purposes):

<input type="radio"/> Patient Name: <input type="text"/>	Date of Birth: <input type="text"/>
<input type="radio"/> Patient wishes to remain anonymous.	Gender, if known: <input type="text"/>
	Race/Ethnicity, if known: <input type="text"/>
Date of Crime: <input type="text"/>	Date of Exam: <input type="text"/>
Please check as appropriate:	
<input type="radio"/> Medical Reporting Victim	<input type="radio"/> Anonymous Reporting Victim
	<input type="checkbox"/> Consent Form Attached

MEDICAL FACILITY INFORMATION:

Name of facility: <input type="text"/>
SANE Contact Name: <input type="text"/> Phone Number: <input type="text"/>

LAW ENFORCEMENT INFORMATION:

Agency: <input type="text"/>	Case Number/ Unique ID Number: <input type="text"/>
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*****Colorado Division of Criminal Justice Use Only*****

Reviewer Signature: <input type="text"/>	Date: <input type="text"/>
<input type="checkbox"/> Required areas of form complete <input type="checkbox"/> Itemized statement attached <input type="checkbox"/> Types of charges identified <input type="checkbox"/> Victim is over the age of 18	
<input type="radio"/> Approved <input type="radio"/> Not Approved	
Comments: <input type="text"/>	
SAVE Funds: \$ <input type="text"/>	Medical Forensic Exam: \$ <input type="text"/>
VC Funds: \$ <input type="text"/>	Related Medical: \$ <input type="text"/>

CASE STATUS:

Reported: <input type="radio"/> Yes Date: <input type="text"/>	<input type="radio"/> No Date Confirmed: <input type="text"/>
Status: <input type="text"/>	
Did Charges Exceed Cap?: <input type="checkbox"/> Yes By how much?: <input type="text"/>	

MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM SAVE PROGRAM

Program Description

- Funds are available to help reduce the financial burden of medical costs for medical and anonymous reporting victims.
- Charges for the sexual assault evidence kit will always be paid by DCJ for all medical and anonymous reporting victims.
- If the victim reports to law enforcement before, during or following the medical forensic exam, the charges for the sexual assault evidence kit will be paid by the law enforcement agency with jurisdiction over the assault.
- Under the SAVE Program, DCJ pays for costs associated with obtaining a medical forensic exam and from treatment for injuries resulting from the assault, up to an annually established cap.
- If a victim later reports to law enforcement, the victim will be referred to the appropriate victim compensation program for financial assistance with these costs.

SAVE Program Payment Processing

- A medical forensic exam must have been conducted and the sexual assault evidence kit sent to the appropriate law enforcement agency.
- All bills, except the evidence collection portion, should first go to insurance or other payment programs, unless the victim declines to have private insurance billed. In those cases, the bill may be sent directly to DCJ.
- Once insurance has been settled, send the invoice with the outstanding charges listed in plain language, and a completed Medical Forensic Exam Payment Request Form to the Colorado Division of Criminal Justice.
- This Medical Forensic Exam Payment Request Form **MUST** accompany the invoice.