

Application for Payment

Sexual Assault Victims' Emergency Medical Response Fund

Revised 06/25/07 to include HB 2154 statutory changes

Please note: Changes to the statute governing the SAVE Fund application went into effect 06/07/07. Medical personnel completing this form, by law, must notify the victim of the following:

- A complete or partial medical assessment may be conducted regardless of whether the victim reports the assault to a law enforcement agency; and
- A complete or partial medical assessment shall be conducted and evidence collected in a manner that protects the victim's identity should the victim choose not to report the assault to law enforcement.

Complete this side of the form only if:

- The victim wishes to bill the Fund for payment of medical assessment services and does not wish to bill her/his health insurance coverage; or
- The victim does not have health insurance coverage and wishes to bill the Fund.

Note: Providers submitting this application for payment may not bill the victim, the victim's insurance or the Crime Victims' Compensation Program for costs related to the sexual assault partial or complete medical assessment. Separate physician's billings must not be sent to the victim or the SAVE Fund. Please see page 3 for other health insurance information.

To be filled out with victim:

First Name: _____ Last Name: _____

Contact telephone: _____ Date of birth (Required): _____

Date and time of assault: Date: _____ Time: _____ a.m./p.m.

County of assault: _____ Signature of victim/guardian: _____

The State Crime Victims' Compensation Program has been explained to the victim: Yes No

To be filled out by provider:

I have provided the service or services checked below:

Complete Medical Assessment

- Medical examination plus collection of forensic evidence using the Oregon State Police SAFE Kit (available only within 84 hours or 3½ days after assault).

Law Enforcement Agency assault was reported to (if applicable) or SAFE Kit was transferred to: _____

SAFE Kit # (Required): _____ *Amount billed: _____

- Emergency contraception dispensed. *Amount billed: _____

Dispensed by (business name): _____

- Sexually transmitted disease prophylaxis dispensed. *Amount billed: _____

- The victim was provided with the SAFE Kit # and the law enforcement agency name in writing.

Partial Medical Assessment

- Medical examination without forensic evidence collection. The medical examination must be conducted no more than 168 hours (7 days) after assault. *Amount billed: _____

- Emergency contraception dispensed. *Amount billed: _____

Dispensed by (business name): _____

- Sexually transmitted disease prophylaxis dispensed. *Amount billed: _____

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Date and time of exam: Date: _____ Time: _____ # of hours post-assault: _____

Exam Conducted by a Sexual Assault Nurse Examiner or Sexual Assault Examiner

Please print name and title of examiner

SANE/SAE Certification number if applicable

Sexual Assault (Nurse) Examiner signature

Date

Health Care Facility

***MUST ATTACH INVOICE AND FILL IN AMOUNT BILLED PER SERVICE and send with this form to:**

Sexual Assault Victims' Emergency Medical Response Fund
Oregon Department of Justice, Crime Victims' Assistance Section
1162 Court Street NE, Salem, OR 97301-4096

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Complete and submit this section with all patients:

Do you have medical/health insurance or Oregon Health Plan/Medicaid? Yes No

If yes, please identify insurer: _____

(Note: Your insurance carrier or other resources may be billed for services or treatment not covered by this Fund.)

An eligible medical services provider who submits a bill to the Fund under these rules may not bill the victim or the victim's insurance carrier for a medical examination, collection of forensic evidence using the OSP SAFE Kit, sexually transmitted disease prophylaxis, or emergency contraception, except to the extent that the Department of Justice is unable to pay the bill due to lack of funds or declines to pay the bill for reasons other than untimely or incomplete submission of the bill to the Fund under OAR 137-084-0030(2)(e).

Maximum Payments:

By law there is a maximum billing amount for each type of service. The Sexual Assault Victims' Emergency Medical Response Fund does not cover the costs of treatment of injuries caused by sexual assault.

Complete Examination: \$380 maximum for exam.
 \$75 maximum if exam conducted by a SANE.
 \$55 maximum for emergency contraception.
 \$100 maximum for sexually transmitted disease prophylaxis.

Partial Examination: \$175 maximum for exam.
 \$75 maximum if exam conducted by a SANE.
 \$55 maximum for emergency contraception.
 \$100 maximum for sexually transmitted disease prophylaxis.

For victims who are not requesting payment from the Fund, please submit the following:

(For data collection purposes only.)

Gender of victim: Female Male

Date of birth of victim: _____

Date/time of sexual assault: _____

City/County of sexual assault: _____

The State Crime Victims' Compensation Program has been explained to the victim: Yes No

Please submit this form to the address below, regardless of whether or not you are billing the Fund.

Sexual Assault Victims' Emergency Medical Response Fund
Oregon Department of Justice, Crime Victims' Assistance Section
1162 Court Street NE, Salem, OR 97301-4096

Questions: (503) 378-5348

Oregon Crime Victims' Compensation Program, 8:00-5:00 Monday – Friday

After hours: www.doj.state.or.us/crimev/index.shtml