

# Application for Payment Sexual Assault Victims' Emergency Medical Response Fund

## 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.
- The victim does not have health insurance coverage.

**Please see the reverse side for other health insurance information.**

## To be filled out with victim:

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

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

Contact telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date and time of sexual assault: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

City/County of assault: \_\_\_\_\_ Signature of victim: \_\_\_\_\_

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. *OSP SAFE Kit must be conducted no more than 84 hours (3\_ days) after assault. Use of the kit must be authorized by and the kit must be provided to the appropriate law enforcement jurisdiction.*  
\*Amount billed: \_\_\_\_\_ (\$380 maximum; \$455 maximum if examination conducted by a SANE.)  
Law Enforcement Agency notified: Yes  No  Agency: \_\_\_\_\_
- Emergency contraception dispensed. \*Amount billed: \_\_\_\_\_ (\$55 maximum.)  
Dispensed by (business name): \_\_\_\_\_
- Sexually transmitted disease prophylaxis dispensed. \*Amount billed: \_\_\_\_\_ (\$100 maximum.)

### **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: \_\_\_\_\_ (\$175 maximum; \$250 maximum if examination conducted by a SANE.)
- Emergency contraception dispensed. \*Amount billed: \_\_\_\_\_ (\$55 maximum.)  
Dispensed by (business name): \_\_\_\_\_
- Sexually transmitted disease prophylaxis dispensed. \*Amount billed: \_\_\_\_\_ (\$100 maximum.)

Date and time of exam: \_\_\_\_\_ a.m./p.m.  
Date Time Number of hours post-assault

\_\_\_\_\_  
Please print name and title

\_\_\_\_\_  
Please provide SANE  
certification number if applicable

\_\_\_\_\_  
Nurse Examiner or Physician signature

\_\_\_\_\_  
Date

\* **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

**Complete this section with all patients:**

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

If yes, please identify insurer:

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(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).

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.

**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: \_\_\_\_\_

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

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

**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](http://www.doj.state.or.us/crimev/index.shtml)