

Application for Payment Sexual Assault Victims' Emergency Medical Response Fund

Revised 02/05/2018

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 form 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.

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

Victim has been informed of the counseling benefit offered through SAVE (see page 2): ☐ Yes ☐ No

Victim has been informed that their insurance carrier or other resources may be billed for services or treatment not covered by this Fund: ☐ 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 120 hours or 5 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

Counseling Benefit (to be filled out with the survivor):

The Sexual Assault Victims' Emergency Medical Response Fund offers up to five counseling sessions to any sexual assault survivor who has had a sexual assault exam within 168 hours of the assault. If the survivor would like to receive counseling benefits, please complete the following information:

First Name: _____ Last Name: _____

Telephone: _____ E-mail: _____

Address: _____

After the Department of Justice receives the above information from the hospital the survivor will be contacted with information about the counseling benefit. The survivor or their advocate may also contact the Department at (503) 378-5348 or save@doj.state.or.us.

Counseling sessions expire 18 months from the date of assault.

***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' Services Division
1162 Court Street NE, Salem, OR 97301

Application for Payment

Sexual Assault Victims' Emergency Medical Response 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. \$75 maximum if exam conducted by an MD or DO. \$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. \$75 maximum if exam conducted by an MD or DO. \$55 maximum for emergency contraception. \$100 maximum for sexually transmitted disease prophylaxis.
Counseling:	Five counseling sessions, not to exceed \$840.00: \$140.00 per hour for a Doctor of Medicine \$110.00 per hour for a PhD or PsyD; \$85.00 per hour for an LCSW, LPC, or LMFT; \$55.00 per hour for a QMHP.

Please submit this form with invoice to the address below.

Sexual Assault Victims' Emergency Medical Response Fund
Oregon Department of Justice, Crime Victims' Services Division
1162 Court Street NE, Salem, OR 97301

Questions: (503) 378-5348

Oregon Crime Victims' Compensation Program, 8:00-5:00 Monday – Friday
After hours: www.doj.state.or.us/victims/Pages/index.aspx