Application for Payment
Sexual Assault Victims' Emergency Medical Response Fund

Revised 06/15/2019

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 medical assessment.

To be filled out with victim:

First Name: _____ Last Name: _____

Date of birth (Required): _____

City and County of Assault (Required): _____

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

By signing this application I hereby consent to release records between CVSSD and any hospitals, medical facilities, and physicians, for purposes relating to my SAVE Fund application. I understand that I am not giving permission for any disclosure other than that described and that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

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 this Fund (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 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): _____

☐ 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.

Application for Payment
Sexual Assault Victims' Emergency Medical Response Fund

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 survivors of sexual assault in Oregon who have a sexual assault exam within 168 hours of the assault. If the survivor would like to receive counseling benefits, please complete the following section.

☐ It is safe to contact me in the following ways: ☐ mailing address ☐ email ☐ telephone
☐ I would prefer a copy of this form and may contact the Department of Justice at a later time.

Signature of victim/guardian: _____

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 exam.

***MUST ATTACH ITEMIZED BILLING STATEMENT and send with this form to:**
Sexual Assault Victims' Emergency Medical Response Fund
Oregon Department of Justice, Crime Victim and Survivor 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 services covered by the Fund, 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 Payment Amounts Beginning July 1, 2019:

Complete Examination:	$475.00 maximum for exam $95.00 maximum if exam conducted by a SANE $95.00 maximum if exam conducted by an MD or DO $70.00 maximum for emergency contraception $125.00 maximum for sexually transmitted disease prophylaxis
Partial Examination:	$215.00 maximum for exam $95.00 maximum if exam conducted by a SANE $95.00 maximum if exam conducted by an MD or DO $70.00 maximum for emergency contraception $125.00 maximum for sexually transmitted disease prophylaxis

Payment for all other services provided in conjunction with the sexual assault exam will be calculated using the Oregon Workers' Compensation Fee Schedule. See OAR 137-084-0030 for examples of non-covered services.

Up to five (5) days of HIV Prophylaxis will be paid at 50% of the amount charged.

Counseling:	Five counseling sessions: $140.00 per hour for a Doctor of Medicine $110.00 per hour for a PhD, PsyD, or PMHNP $85.00 per hour for an LCSW, LPC, or LMFT $55.00 per hour for a QMHP

Please submit this form with itemized billing statement to the address below.

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

Questions: (503) 378-5348
Oregon Crime Victim and Survivor Services Division, 8:00-5:00 Monday – Friday