

**Application for Payment  
Sexual Assault Victims' Emergency Medical Response (SAVE) Fund  
And  
Strangulation Kit Exams (SKIT)**

Revised 08/15/2023

Medical personnel completing this form, by law, must notify the victim of the following:

- **SAVE/SKIT:** A complete or partial medical assessment may be conducted regardless of whether the victim reports the assault to a law enforcement agency; and
- **SAVE:** 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.
- **SKIT:** A medical examination shall be conducted, but a SKIT will not be collected 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 or the victim's insurance for costs related to a sexual assault medical assessment or a SKIT exam. A Crime Victims' Compensation application will need to be submitted for any follow up treatment.**

**To be filled out with the survivor for SAVE and SKIT:**

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: ☐ 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

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

The SAVE Fund will pay up to five counseling sessions for survivors of sexual assault in Oregon who have a sexual assault exam within 168 hours of the assault.

Survivors who have received a strangulation kit are eligible for five counseling sessions through the SAVE Fund.

If the survivor would like to receive counseling benefits, please complete the following section.

☐ It is safe to contact me in the following ways: ☐ email ☐ mailing address

☐ 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: \_\_\_\_\_

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) 378-6254 or [save@doj.state.or.us](mailto:save@doj.state.or.us).**

Counseling sessions expire 18 months from the date of exam.

**To be filled out by provider:**

I have provided the service(s) checked below:

- ☐ **Complete Medical Assessment** - Medical examination plus collection of forensic evidence using the OSP SAFE Kit conducted no more than 120 hours (5) days after assault.

SAFE Kit # (Required if applicable): \_\_\_\_\_

- ☐ **Partial Medical Assessment** - Medical examination without forensic evidence collection. The medical examination must be conducted no more than 168 hours (7 days) after assault.

- ☐ **SKIT Exam** (does not need to be in conjunction with a sexual assault exam)

SKIT # (Required if applicable): \_\_\_\_\_

**Date and time of exam:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of hours post-assault: \_\_\_\_\_

- ☐ Exam Conducted by a Sexual Assault Nurse Examiner or Sexual Assault Examiner (if applicable)

\_\_\_\_\_  
Please print name and title of examiner

\_\_\_\_\_  
SANE/SAE Certification number if applicable

\_\_\_\_\_  
Sexual Assault (Nurse) Examiner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Facility

**\*MUST ATTACH ITEMIZED BILLING STATEMENT and send with this form to:**

Sexual Assault Victims' Emergency Medical Response (SAVE) 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 (SAVE) Fund And Strangulation Kit Exams (SKIT)**

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:**

Complete Examination (SAVE):	\$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 (SAVE):	\$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
SKIT Exam:	Payment is calculated using the Oregon Workers' Compensation Fee Schedule. Maximum for a SKIT Exam is \$5,000.00.

Payment for all other services provided in conjunction with the sexual assault exam will be calculated using the Oregon Workers' Compensation Fee Schedule up to a maximum of \$2,000.00. See OAR 137-084-0030 for examples of non-covered SAVE Fund services.

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

Up to five (5) counseling sessions with a licensed therapist for SAVE and SKIT survivors.

**Questions: (503) 378-6254 or [save@doj.state.or.us](mailto:save@doj.state.or.us)**  
Oregon Crime Victim and Survivor Services Division, 8:00-5:00 Monday – Friday