



PRESCRIPTION PAYMENT VOUCHER INSTRUCTIONS

Before giving the attached vouchers to the patient, it is imperative to follow the steps below to ensure optimal patient care and seamless payment of eligible expenses.

- 1.) Ensure the patient is eligible for payment of all examination-related expenses according to the SAFE Payment Program's policy and guidelines. Please refer to the policy and guidelines, as well as the eligibility flowchart. If the patient is not eligible, payment of prescriptions and follow-up care will be denied. Questions or concerns about eligibility should be directed to the SAFE Payment Program Coordinator.
- 2.) Fill in the top portion of the Prescription Payment Voucher and Medical Care Payment Voucher. You may use a patient label to provide the patient's information.
- 3.) Contact the pharmacy to let them know to expect the patient and explain the SAFE Payment Program. When possible, please use a pharmacy that has already established a relationship with the SAFE Payment Program.
- 4.) Contact the medical provider to schedule the first appointment and to explain the SAFE Payment Program.
- 5.) Provide the two vouchers, as well as the Payment Information for Patient, to the patient. Explain the purpose of the vouchers and to whom the vouchers should be given.

For questions, please contact the SAFE Payment Program Coordinator at 800-552-4007.



PRESCRIPTION PAYMENT INFORMATION FOR PATIENT

If you have been a victim of crime in Virginia, you have the right to seek evidence collection through a Physical Evidence Recovery Kit (PERK), at no cost. The Virginia Victims Fund's SAFE Payment Program pays for expenses associated with the collection of medical forensic evidence. The cost of HIV post-exposure prophylactic treatment may also be covered, as well as medications and necessary medical care to support your treatment. Your provider will directly bill the SAFE Payment Program for approved services.

You have been provided with two vouchers – one to give to the pharmacist to pick up the prescribed medication without any cost to you and one to give to your healthcare provider to direct bill follow-up medical care services to the SAFE Payment Program. Below is an explanation of what is paid for, as well as additional resources.

Eligible Medications

- 28-day supply of the HIV nPEP medication, as prescribed by the health care practitioner (e.g. Truvada, Isentress, etc.)
- 28 to 30-day supply of an antiemetic (anti-nausea) as prescribed by the health care practitioner
- One-time dose of Azithromycin: 1 GM by mouth taken once
- One-time dose of Cefixime: 400 mg by mouth once
- 7-day supply of Doxycycline: 100 mg by mouth twice a day
- 14-day supply of Erythromycin Base: 12.5 mg by mouth four times a day
- One-time dose of Phenergan: 12.5 mg by mouth once
- One-time dose of Phenergan: 25 mg by mouth once
- One-time dose of Zofran ODT: 8 mg by mouth once per day
- One-time dose of Plan B: (Levonorgestrel 1.5 mg): 1 tablet by mouth once
- For other variations and formularies, contact the SAFE Program at 800-552-4007

Eligible Follow-up Medical Care

It is important that you take the medication exactly as prescribed for the duration prescribed. Failure to do so may decrease the effectiveness of the medication and create unnecessary health risks. In order to minimize unpleasant side effects and ensure your health, it is important that you receive appropriate medical care while taking the HIV nPEP medications. The SAFE Payment Program will cover the costs of at least two follow-up visits - the first within at least one (1) week after starting the HIV nPEP medication and the second after you have completed the medication for the prescribed duration. Your visits should consist of a physical examination by the health care provider of your choosing as well as laboratory testing for a complete blood count and serum chemistry.

Additional Resources

- The Family Violence and Sexual Assault Hotline at 800-838-8238 or the Victim Assist Helpline at 855-4-HELP-VA can help you locate local victim advocates for access to additional services such as transportation, support, counseling and assistance through the criminal justice process.
- The Virginia Victims Fund may be able to assist with additional crime-related costs such as:
 - Moving or home security expenses
 - Lost wages
 - Counseling expenses
 - Replacement of clothing and/or bedding seized as evidence, glasses or other prosthetics

To obtain a Virginia Victims Fund claim application or for more information, call 800-552-4007 or email safe@virginiavictimsfund.org.



VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
 OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND
virginiavictimsfund.org

Shannon Dion
Director



A Division of the Virginia Workers' Compensation Commission

Email: safe@virginiavictimsfund.org • Mail: P.O. Box 26927, Richmond, Virginia 23261 • Phone: 800.552.4007 • SAFE Fax: 804.823.6907

PRESCRIPTION PAYMENT VOUCHER

Submit this form to the pharmacist.

This section to be completed by forensic examiner.

FNE/SANE Name and Phone Number:	Patient Name:	
Patient's Insurance (if none, mark N/A):	Exam Facility:	Exam Date:

Eligible Medications

- 28-day supply of the HIV nPEP medication, as prescribed by the health care practitioner (e.g. Truvada, Isentress)
- 28 to 30-day supply of an antiemetic (anti-nausea) as prescribed by the health care practitioner
- One-time dose of Azithromycin: 1 GM by mouth
- One-time dose of Cefixime: 400 mg by mouth
- 7-day supply of Doxycycline: 100 mg by mouth twice daily
- 14-day supply of Erythromycin Base: 12.5 mg by mouth four times daily
- One-time dose of Phenergan: 12.5 mg by mouth
- One-time dose of Phenergan: 25 mg by mouth
- One-time dose of Zofran ODT: 8 mg by mouth
- One-time dose of Plan B : Levonorgestrel 1.5 mg by mouth
- For other variations and formularies, contact the SAFE Program at 800-552-4007

Pharmacy Agreement

By signing below, the provider agrees to all of the following:

Required Documentation for Payment

Please submit by fax or mail within one (1) year from the date of service:

- 1.) This form, signed and dated. One form is sufficient for dispensing the prescriptions that are filled incrementally.
- 2.) Only the medications described above will be reimbursed.
- 3.) If applicable, explanation of insurance benefits paid and/or denied.

Insurance

Provider agrees to bill the patient's health insurance if:

- 1.) The patient is covered by a federally-funded insurance (such as Medicaid, Medicare, Tricare, Veterans' Administration, etc.) or,
- 2.) The patient elects to bill private health insurance coverage.

Payment

- If there is no other Memorandum of Agreement on file, provider agrees to bill the SAFE Payment Program at the pharmacy's cost price and accept that amount as payment in full.
- Payment should be received within 30 days of expense approval by the SAFE Payment Program. For status requests or questions, email safe@virginiavictimsfund.org or call 800-552-4007.
- In accordance with Virginia Code §19.2-368.5:2, collection action may not be taken against the patient while a claim for payment is pending with the SAFE Payment Program.
- Fees for any other prescriptions are the responsibility of the patient or the patient's insurance; however, the patient may file a claim with the Virginia Victims Fund to access all available benefits.

Pharmacy Name/Phone Number:	Pharmacist Name:	Pharmacist Signature:	Date:
------------------------------------	-------------------------	------------------------------	--------------



VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
 OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND
virginiavictimsfund.org

Shannon Dion
Director



A Division of the Virginia Workers' Compensation Commission

Email: safe@virginiavictimsfund.org • Mail: P.O. Box 26927, Richmond, Virginia 23261 • Phone: 800.552.4007 • SAFE Fax: 804.823.6907

MEDICAL CARE PAYMENT VOUCHER

This section to be completed by forensic examiner.

FNE/SANE Name and Phone Number:

Patient Name:

Patient's Insurance (if none, mark N/A):

Exam Facility:

Exam Date:

Eligible Medications

- 28-day supply of the HIV nPEP medication, as prescribed by the health care practitioner (e.g. Truvada, Isentress)
- 28 to 30-day supply of an antiemetic (anti-nausea) as prescribed by the health care practitioner to prevent nausea/vomiting.
- One-time dose of Azithromycin: 1 GM by mouth
- One-time dose of Cefixime: 400 mg by mouth
- 7-day supply of Doxycycline: 100 mg by mouth twice daily
- 14-day supply of Erythromycin Base: 12.5 mg by mouth four times a day
- One-time dose of Phenergan: 12.5 mg by mouth
- One-time dose of Phenergan: 25 mg by mouth
- One-time dose of Zofran ODT: 8 mg by mouth
- One-time dose of Plan B : Levonorgestrel 1.5 mg: by mouth
- For other variations and formularies, contact the SAFE Program at 800-552-4007

Eligible Follow-up Medical Care

The recommended time frame for follow-up care is within at least 1 week after starting the HIV nPEP medication and at the completion of the medication for the prescribed duration. The SAFE Payment Program will cover the costs of at least two follow-up visits including:

- Physical examination by the health care provider.
- Laboratory testing for complete blood count and serum chemistry.

Medical Provider Agreement

By signing below, the provider agrees to all of the following:

Required Documentation for Payment

Please submit by fax or mail within one (1) year from the date of service:

- 1.) The SAFE Request Payment Form, signed and dated. One form is sufficient to cover all dates of service in the time frame referenced above.
- 2.) The billing statement including provider name, address, phone number and tax ID number, as well as patient name, date of service and detailed itemization including CPT codes of services rendered. Only the care as described above will be reimbursed.
- 3.) If applicable, explanation of insurance benefits paid and/or denied.

Insurance

Provider agrees to bill the patient's health insurance if:

- 1.) The patient is covered by a federally-funded insurance (such as Medicaid, Medicare, Tricare, Veterans' Administration, etc.) or,
- 2.) The patient elects to bill private health insurance coverage.

Payment

- If there is no other Memorandum of Agreement on file, provider agrees to accept \$1,000 as the maximum payment in full for a follow-up exam and agrees not to bill the patient for the balance.
- Payment should be received within 30 days of expense approval by the SAFE Payment Program. For status requests or questions, email safe@virginiavictimsfund.org or call 800-552-4007.
- In accordance with Virginia Code §19.2-368.5:2, collection action may not be taken against the patient while a claim for payment is pending with the SAFE Payment Program.
- Fees for any other service provided are the responsibility of the patient or the patient's insurance; however, the patient may file a claim with the Virginia Victims Fund to access all available benefits.

Practice Name/Phone Number:	Provider Name:	Provider Signature:	Date:
------------------------------------	-----------------------	----------------------------	--------------

SAFE (Sexual Assault Forensic Exam) Payment Program Claim Eligibility Flowchart

