



## SAFE (SEXUAL ASSAULT FORENSIC EXAM) PAYMENT PROGRAM REQUEST FOR PAYMENT FORM

### SECTION 1 – FORENSIC EXAM

A. Exam Type (please select one):

- I utilized Physical Evidence Recovery Kit (PERK) number \_\_\_\_\_ and released it to:  the law enforcement  
 DCLS or  other \_\_\_\_\_ **Is this a restricted or unreported crime? (PERK exams only).**  Yes
- I did not use a PERK and the exam was authorized by the following law-enforcement official or prosecutor.  
 Name/Title (required): \_\_\_\_\_
- I performed a follow-up exam to forensically document the healing of injuries and/or differentiate initial findings that was requested and authorized by the following law-enforcement official or prosecutor.  
 Name/Title (required): \_\_\_\_\_ Initial Date of service: \_\_\_\_\_

\_\_\_\_\_  
 Forensic Examiner Name/Title/Phone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Facility Name/Billing Address

\_\_\_\_\_  
 Billing Contact Person Name and Email Address

\_\_\_\_\_  
 Phone Number

### SECTION 2 - PATIENT INFORMATION

Affix Patient Label Here

\_\_\_\_\_  
 Patient Name – First, Middle Initial, Last

\_\_\_\_\_  
 DOB

\_\_\_\_\_  
 Last 4 SSN

\_\_\_\_\_  
 Sex

**Billing Method (please select one):**

Patient is covered by a **federally-funded insurance** (Medicaid, Medicare, Tricare, Veterans' Administration, etc.), **which MUST be billed first**, and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining. Please list insurance provider: \_\_\_\_\_

Patient wishes for the provider to bill his/her **private health insurance** and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining.

Patient wishes for the **SAFE Payment Program** to pay for all eligible examination-related expenses.

### SECTION 3 - INCIDENT/EXAM INFORMATION

\_\_\_\_\_  
 Date/Time of Crime (if unknown, please estimate if possible)

\_\_\_\_\_  
 Crime location (City/County – unknown is not acceptable)

\_\_\_\_\_  
 Date/Time of Exam

\_\_\_\_\_  
 Investigating Agency