



Alabama Crime Victims Compensation Commission
 P.O. Box 231267
 Montgomery, AL 36123-1267
 1 (800) 541-9388
 www.acvcc.alabama.gov



Sexual Assault Examination Payment Program
Reimbursement Request
All sections must be completed or marked N/A

Patient Name: _____	Sane Facility _____
Address: _____	Address: _____
City, State, ZIP _____	City, State ZIP _____
Date of Birth: _____	Sane Case # _____
Race: _____ Gender _____	Date of Exam: _____
Social Security # _____	LE/DHR Agency (for minor victims only): _____
Date of Assault: _____	County: _____
Time of Assault: _____	Offender: _____

PLEASE SELECT THE FEE BOX THAT BEST DESCRIBES THE EXAM PERFORMED

<input type="checkbox"/>	\$300.00	Sexual assault exam conducted away from Base	For Exams conducted away from the office base or SANE Clinic. For example, leaving the SANE Clinic to conduct an exam in a hospital.
<input type="checkbox"/>	\$400.00	Child or adult sexual assault exam without medication	Eligible expenses include Nurse Examiner Fee, pregnancy test, 14 Fr. Foley Hymenal, alternate light screen, and drug facilitation screening.
<input type="checkbox"/>	\$550.00	Child or adult sexual assault exam with medication	Eligible expenses include Nurse Examiner Fee, pregnancy test, 14 Fr. Foley Hymenal, alternate light screen, and drug facilitation screening. Eligible medications include antibiotics, emergency contraception, and medications for the treatment and/or prevention of sexually transmitted diseases. Medications for pain, nausea, and other medical conditions are not eligible.
<input type="checkbox"/>	\$150.00	For medications only	
<input type="checkbox"/>	\$50.00	Labs	Lab test for sexually transmitted diseases. Lab and specimen collection fees are not eligible expenses.
<input type="checkbox"/>	\$ _____	Other	Please Specify:
	\$ _____	Total	

STI Prophylaxis

Medication Given?

Rocephin

Azithromycin

Flagyl

Doxycycline

Emergency Contraception

Zofran

Other (Please list)

Narrative:

Please submit this form.

DO NOT SUBMIT THE ENTIRE FILE!

Submit documentation to: safeexams@acvcc.alabama.gov

I certify under the penalty of perjury that the foregoing is true and correct.

Signed

Printed Name

Date

Reset Form