



Alabama Crime Victims Compensation Commission
 P.O. Box 231267
 Montgomery, AL 36123-1267
 1 (800) 541-9388
 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: _____ |
| Date of Assault: _____ | _____ |
| Time of Assault: _____ | County: _____ |
| Date Assault Reported: _____ | 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 and the exam summary only.

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.

Sign

Printed Name

Date

Reset Form