

**COLORADO DIVISION OF CRIMINAL JUSTICE
MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM**

Please complete this form in its entirety and send immediately, with consent forms attached, to your billing department and to the SAVE Program:

DIVISION OF CRIMINAL JUSTICE	
ATTN: SAVE PROGRAM 700 Kipling St., Ste. 1000 Denver, CO 80215	Phone: (303)239-4621 Fax: (303)239-5743 Email: Kyra.moon@state.co.us

VICTIM INFORMATION:

Patient Name: Patient wishes to remain anonymous.	Date of Birth: Gender, if known: Race/Ethnicity, if known:
Date of Crime:	Date of Exam:
Please check as appropriate:	
Medical Reporting Victim	Anonymous Reporting Victim
Consent Form Attached	

MEDICAL FACILITY INFORMATION:

Name of facility:
SANE Contact Name: Phone Number:

LAW ENFORCEMENT INFORMATION:

Agency:	Case Number/ Unique ID Number:
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*****Colorado Division of Criminal Justice Use Only*****

Reviewer Signature:	Date:
Required areas of form complete	Itemized statement attached
Types of charges identified	Victim is over the age of 18
Approved	Not Approved
Comments:	
SAVE Funds: \$	Medical Forensic Exam: \$
VC Funds: \$	Related Medical: \$

CASE STATUS:

Reported: Yes Date:	No Date Confirmed:
Status:	
Did Charges Exceed Cap?: Yes	By how much?:

MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM SAVE PROGRAM

Program Description

- Funds are available to help reduce the financial burden of medical costs for medical and anonymous reporting victims.
- Charges for the sexual assault evidence kit will always be paid by DCJ for all medical and anonymous reporting victims.
- If the victim reports to law enforcement before, during or following the medical forensic exam, the charges for the sexual assault evidence kit will be paid by the law enforcement agency with jurisdiction over the assault.
- Under the SAVE Program, DCJ pays for costs associated with obtaining a medical forensic exam and from treatment for injuries resulting from the assault, up to an annually established cap.
- If a victim later reports to law enforcement, the victim will be referred to the appropriate victim compensation program for financial assistance with these costs.

SAVE Program Payment Processing

- A medical forensic exam must have been conducted and the sexual assault evidence kit sent to the appropriate law enforcement agency.
- All bills, except the evidence collection portion, should first go to insurance or other payment programs, unless the victim declines to have private insurance billed. In those cases, the bill may be sent directly to DCJ.
- Once insurance has been settled, send the invoice with the outstanding charges listed in plain language, and a completed Medical Forensic Exam Payment Request Form to the Colorado Division of Criminal Justice.
- This Medical Forensic Exam Payment Request Form **MUST** accompany the invoice.