PUBLIC PROTECTION CABINET

Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT GOVERNOR

Kentucky Office of Claims and Appeals
Crime Victims Compensation Board
500 Mero Street, 2SC1
Frankfort, KY 40601
Phone: (502) 782-8255
Fax: (502) 573-4817

Ray A. Perry
SECRETARY

DJ Wasson
DEPUTY SECRETARY

Allyson Taylor
EXECUTIVE DIRECTOR

HIV POST-EXPOSURE FIRST FOLLOW-UP EXAM / TREATMENT BILLING FORM

Patient Name: _____

Phone Number: _____

Assault Date: _____

To be entered by CVCB
CVCB case #

Attention authorized medical personnel administering treatment or service: check box for each service rendered. Fax completed forms and itemized bills to (502) 573-4817.

For information, call the Crime Victims Compensation Board at (502) 782-8255 / (800) 469-2120.

FIRST Follow-up Exam (7-10): Patient Account #		
Category	Cost Reimbursement	Initials
Exam	Medicaid rate	
Labs (Western Blot)	Medicaid rate	
As the medical personnel authorized by KRS 216B.400 to perform sexual assault exams, I certify completion of the above checked categories		
Printed Name Signature		
Facility (Payee) Address Phone # Federal ID #		

Medication: Patient Account #		
Category	Cost Reimbursement	Initials
21-day meds	Medicaid rate	
I certify completion of the above checked category.		
Printed Name		Signature
Facility (Payee) Address	Phone #	Federal ID #

KRS 216B.400(9): <u>No charge shall be made to the victim for sexual assault examinations</u> by the hospital, the sexual assault examination facility, the physician, the pharmacist or the health department, the sexual assault nurse examiner, the victim's insurance carrier, or the Commonwealth

I authorize the release of this information to the Crime Victims Compensation Board for billing purposes.

_____ _____

Patient/Parent Signature Date

Effective January 2025