



Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT GOVERNOR

PUBLIC PROTECTION CABINET

**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 INITIAL EXAM/TREATMENT BILLING FORM

To be entered by CVCB:

CVCB Case #: _____

Patient Name: _____

Phone Number: _____

Assault Date: _____

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

Initial Exam: Patient Account #		
Category	Cost Reimbursement	Initials
Labs (Rapid HIV, CBC, CMP)	Medicaid reimbursement rate	
As the medical personnel authorized by KRS 216B.400 to perform sexual assault exams, I certify completion of the above checked category.		
Printed Name		Signature
Facility (Payee) Address		Federal ID#

Medication: Patient Account #		
Category	Cost Reimbursement	Initials
7-day meds starter pack	Medicaid reimbursement rate	
Anti-nausea (28 days)	Medicaid reimbursement rate	
I certify completion of the above checked categories		
<div> <div>Printed Name</div> <div>Signature</div> <div>e</div> </div>		
Facility (Payee) Address	Phone #	Federal ID #

KRS 216B.400(9): No charge shall be made to the victim for sexual assault examinations by the hospital, the sexual assault examination facility, the physician, the pharmacist or 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	
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Patient/Parent Signature	Date

Effective January 2025