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PUBLIC PROTECTION CABINET

**Kentucky Office of Claims and
Appeals**

Crime Victims Compensation Board
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EXECUTIVE DIRECTOR

THE PATIENT SHALL RETAIN THIS FORM. PROVIDERS MAY MAKE COPIES FOR THEIR FILES
HIV POST-EXPOSURE EXAM/TREATMENT VOUCHER

This voucher verifies that _____ qualifies for HIV post-exposure treatment covered by the Crime Victims Compensation Board for the following services and payment schedule (107 KAR 2:010)

- (1) Initial Exam: laboratory testing, 7-day starter pack and 28-day anti-nausea medication/prescription
- (2) First follow-up visit: exam and 21-day medication/prescription
- (3) Second follow-up visit: exam and laboratory testing
- (4) Third and final follow-up visit: exam and laboratory testing

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.

Printed name of physician, sexual assault nurse
examiner as defined in KRS 314.142, or other
qualified medical professional as defined in
KRS 216B.400, performing the sexual assault exam.

Signature

Initial exam site

Date: _____

Phone number

Forms must be downloaded by provider. For billing/payment information and forms, go to
kycc.ky.gov

For questions, please contact the Crime Victims Compensation Board at (502) 782-8255

IMPORTANT PATIENT INFORMATION

- Once you begin the medication, it is important that you take it as prescribed until the entire prescription is gone.
- You will need support through your treatment. It is recommended that you contact your local rape crisis center. If you do not have a therapist or insurance to pay for one, payment can be considered through Crime Victims Compensation (CVC). If you have any questions about CVC, call (502) 782-8255.
- Follow-up visits to your physician or another medical practitioner are necessary to monitor your body's reaction to the medication and to be screened for other sexually transmitted diseases and (for women) pregnancy that could not be detected at the time of your visit to the emergency room. Use the following schedule for your visits:
Days following the initial visit to the hospital/emergency room:
 - Day 7-10:** You will be examined and receive a prescription for the remaining 18 days of medication.
 - Day 13:** You will be examined and a blood screening will be done to monitor your overall health; women will be tested for pregnancy.
 - Day 28:** Another blood screening will be done to monitor your overall health.
- For your follow-up exams, if you do not have a physician, please contact the Kentucky Association for Sexual Assault Programs for the name of the physician specializing in HIV in your area at (502) 226-2704.
- If you have any other expenses related to the crime of which you were a victim, please contact the CVCB for information regarding payment at (502) 782-8255.

Effective January 2025