



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 SECOND FOLLOW-UP EXAM / TREATMENT BILLING FORM

Patient Name: _____
Phone Number: _____
Assault Date: _____

To be entered by CVCB

CVCB case #

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: (502)782-8255.

Second Follow-up Exam (Day 13)		
Category	Cost Reimbursement	Initials
Exam	Medicaid rate	
Labs (CBC, CMP, and pregnancy test)	Medicaid rate	
I certify completion of the above checked category.		
Printed Name		Signature
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 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

Patient/Parent

Date